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Page	Page	Page	Page
ORIGINAL LECTURE.	REPORTS OF HOSPITALS.	EDITORIAL ARTICLES.	REVIEWS.
Course of Lectures on Dentition and its Derangements. Delivered at the N. Y. Med. Col. and Charity Hosp. in the Preliminary Course, Session 1860-1. By A. Jacobi, M.D., etc. Lecture XI.—Part III. 85	Cases to serve in the History of the Relation which exists between Puerperal Fever and Epidemic Erysipelas. By M. Pihan-Dufellay. 88	Dr. T. M. Halsted in the Chair. Medical and Surgical Cases. Stated Meeting, June 1, 1861. Version as a Substitute for Craniotomy. 92	Pain and Anesthetics. By Valentine Mott. 95
ORIGINAL COMMUNICATIONS.	REPORTS OF SOCIETIES.	SANITARY INSPECTION IN THE ARMY.	CORRESPONDENCE.
Difficult Obstetrical Cases. By George T. Elliot, Jr., M.D. 86	NEW YORK HOSPITAL: Amputations of Shoulder—Amputations of Thigh and of Forearm—Syme's Operation—Dislocation of Thigh—Varicocele Treated by Ligature—Removal of Fractured End of Tibia, etc., etc., etc. 91	Sanitary Inspection in the Army. 93	Foreign Correspondence by Prof. Charles A. Lee. 96
Reports on Some Recent Improvements in Materia Medica and Therapeutics. By Edward H. James, M.D. V.—Effects of the Preparations of Iron. 87	MEDICAL AND SURGICAL SOCIETY:	THE WEEK: The Universal Society of Ophthalmology. 95 Prof Hamilton's History of the War of the Rebellion. 95 Dr. John M. Cuyler, U.S.A. 95 Gov. Tod's Appeal to the Profession. 95 Government and the Sanitary Commission. 95	ARMY MEDICAL INTELLIGENCE. John M. Cuyler, U.S.A., Medical Director, Fortress Monroe. 97
			MEDICAL NEWS. DEATHS. METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

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SURGEON TO BELLEVUE HOSPITAL.

This work gives the details of the more common as well as the important operations in Surgery. It is particularly adapted to the wants of the ARMY SURGEON, and would be found useful both by the practitioner and student.

CONTENTS.

- CHAPTER I.—MINOR SURGERY.—Instruments, Union of Wounds, Dressings, Hemorrhages, Blood-Letting, Counter-Irritants, Vaccination, Anesthetics.
- CHAPTER II.—ON THE ARTERIES.—Wounds of Arteries; Ligature of Arteries, Arteries of the Upper Extremities, Arteries of the Neck and Head, Arteries of the Lower Extremities.
- CHAPTER III.—ON THE VEINS.—Wounds, Varicose Veins.
- CHAPTER IV.—ON AMPUTATIONS.—Amputations in general, Amputation of the Upper Extremities, Amputation of the Lower Extremities.
- CHAPTER V.—ON RESECTIONS.—Resections in general, Resections of the Upper Extremities, Resections of the Lower Extremities, Resections of the Trunk, Resections of the Bones of the Face, Resections of the Bones of the Cranium.
- CHAPTER VI.—ON GUNSHOT WOUNDS.—Gunshot Wounds in General, Gunshot Wounds in Special Regions of the Body, Gunshot Wounds of the Extremities, Amputations, Secondary Hemorrhage.

Letter from PROF. FRANK H. HAMILTON, Med. Director of the 4th Corps d'Armée, Army of the Potomac.

HEADQUARTERS, GEN. KEYS' CORPS,
Near Harrison's Landing, Va., July 22, 1862.

I have had the pleasure of looking over the "Hand-Book of Surgical Operations," by Stephen Smith of New York, and do not hesitate to pronounce it the best book yet published for the use of army surgeons; and as such I have recommended it to all the army surgeons I have met.

FRANK H. HAMILTON,
Med. Director 4th Corps.

Letter from S. OAKLEY VANDERPOEL, M.D., Surgeon General of the State of New York.

STATE OF NEW YORK, SURGEON GENERAL'S OFFICE,
Albany, June 4th, 1862.

MESSRS. BAILLIERE BROTHERS.

Gentlemen—I have examined as fully as my limited opportunities would permit the "Hand-Book of Surgical Operations" by Stephen Smith, M.D. I had waited with some interest the publication of the work, for I am confident the want of a similar publication has been felt by the medical staff of the volunteer force of our army. It seems to meet the exigency: the binding and size readily permit it to be carried about the person, and the plates anatomical and surgical are so simple and distinct as to readily recall not only the relations of parts, but define clearly the steps of an operation. The letter-press is clear, concise, and I should judge fully expresses the best established surgical opinions of the day.

Very respectfully your obedient servant.

S. OAKLEY VANDERPOEL,
Surg. Gen'l, New York.

Letter from one of the Surgeons of the University Hospital, Nashville, Tenn.

UNIVERSITY HOSPITAL,
Nashville, Tenn., June 26th, 1862.

Your "Hand-Book of Surgical Operations" has reached Nashville. It is a beautiful thing, and perfect as far as it goes. The plates admirably illustrate the text. It is complete as a military hand-book of operative surgery, and is very highly spoken of by all the surgeons who have examined it.

From the "Boston Medical and Surgical Journal," June 19th, 1862.

This treatise was prepared, as the author says in his preface, at the suggestion of a number of professional friends who had been called from their usual avocations to act as regimental surgeons in the United States Army. They have felt the want of a manual of operative surgery at once portable, exact, up to the present stage of surgical knowledge, and fully and clearly illustrated. It is very evident that many of our professional brethren on whom the grave responsibilities of a military surgeon have fallen, could not be expected to represent in their own attainments at the moment, all that such a work should contain. Neither could they carry about with them a cumbersome surgical library. What was wanted was something to refresh their memories, in as small a compass as possible. Such a work Dr. Smith may fairly congratulate himself on having made. Its scope is limited to those branches of operative surgery which are of the most importance to the military surgeon, and yet, with the exception of gunshot wounds, the subjects treated of are liable to engage the attention of the surgeon at any time. The work is most copiously illustrated by excellent and intelligible wood-cuts, taken from the highest authorities, and the print is remarkably clear and legible—no small recommendation when we think of the dubious light of the tallow dip, by which it must often be consulted by those for whose special benefit it is intended. Its flexible cover makes it handy for use, and packable in any space large enough to crowd it into. We gladly recommend it as a most valuable companion to surgeons in the field.

Bellevue Hospital Medical College,

City of New York. Second Annual Session 1862-3.

FACULTY.

ISAAC E. TAYLOR, M.D., *President*.
AUSTIN FLINT, JR., M.D., *Secretary*.
JAMES B. WOOD, M.D., No. 2 Irving Place, Professor of Operative Surgery and Surgical Pathology.
FRANK H. HAMILTON, M.D., Professor of Military Surgery, Fractures, and Dislocations.
LEWIS A. SAYRE, M.D., No. 795 Broadway, Professor of Orthopedic Surgery.
ALEXANDER B. MOTT, M.D., No. 209 Tenth Street, Professor of Surgical Anatomy.
STEPHEN SMITH, M.D., No. 45 West Thirty-fourth Street, Professor of the Principles of Surgery.
ISAAC E. TAYLOR, M.D., No. 18 West Twentieth Street, Professor of Obstetrics and the Diseases of Women and Children.
GEORGE T. ELLIOT, M.D., No. 18 West Twenty-ninth Street, Professor of Obstetrics and the Diseases of Women and Children.
B. FORDYCE BARKER, M.D., No. 70 Union Place, Professor of Obstetrics and the Diseases of Women and Children.
BENJAMIN W. MCCREADY, M.D., No. 7 West Ninth Street, Professor of Materia Medica and Therapeutics.
TIMOTHY CHILDS, M.D., Professor of Descriptive and Comparative Anatomy.
AUSTIN FLINT, M.D., No. 74 Union Place, Professor of the Principles and Practice of Medicine.
R. OGDEN DOREMUS, M.D., No. 70 Union Place, Professor of Chemistry and Toxicology.
AUSTIN FLINT, JR., M.D., No. 74 Union Place, Professor of Physiology and Microscopy.
CHARLES PHELPS, M.D., Demonstrator of Anatomy, Curator of Hospital Museum.
SYLVESTER TEATS, M.D., Professor to Chair of Operative Surgery and Surgical Anatomy.
N. R. MOSELY, M.D., Professor to Chair of Surgical Anatomy.
ARTHUR A. SHIVERICK, M.D., Clinical Assistant to Chair of Principles and Practice of Medicine.
A. W. WILKINSON, M.D., Assistant to Chair of Chemistry and Toxicology.
EDWIN A. WARE, Bellevue Hospital, Janitor.

PRELIMINARY TERM.

The Preliminary Term will commence on Wednesday, Sept. 17, 1862, and continue to the beginning of the regular term, viz.: four weeks. In addition to daily instruction in the Bellevue and Blackwell's Island Hospitals, at least three Lectures will be given daily during the term, exclusively by members of the Faculty. The didactic instruction during this term will embrace the following subjects:—Surgical Affections of the Breast and Testes, by Prof. Wood; Surgical Affections of the Eye, by Prof. Sayre; Amputations, by Prof. Mott; Surgical Dressings, by Prof. Smith; Inflammations of the Uterus, by Prof. Taylor; the Symptoms, Signs, and Disorders of Pregnancy, by Prof. Barker; Uterine Therapeutics, by Prof. Elliot; Diet, by Prof. McCreedy; Comparative Anatomy, by Prof. Childs; Diagnosis of Diseases of the Heart, by Prof. Flint; Toxicology, by Prof. Doremus; Anatomy and Functions of Glandular Organs, by Prof. Flint, Jr.

REGULAR TERM.

The Regular Term will commence on Wednesday, Oct. 15, 1862, and end early in March, 1863.

During the whole of the Session the Student will have the opportunity of attending, at least, two Clinical Lectures daily. In addition to these, during the regular term, three Didactic Lectures are given on every weekday, except Saturday. The Didactic Lectures are so arranged as not to interfere with attendance in the Hospital wards. Ample time is allowed for accompanying the Visiting Physicians, Surgeons, and Obstetricians in their daily rounds, attending clinical lectures, witnessing surgical and obstetrical operations, and following private courses, without compromising in any degree the regular didactic instruction. Clinical and Demonstrative teaching constituting the great feature of this College, the arrangements are such as to render the immense resources of the Hospitals available to the Student to the fullest extent.

All the Lectures in this College are given either in the Hospitals or in the College building, situated within the Bellevue Hospital grounds.

The BELLEVUE HOSPITAL receives annually from TEN to TWELVE THOUSAND PATIENTS, the average number of cases constantly under treatment during the winter being from EIGHT to TEN HUNDRED. Cases of all descriptions, excepting only the eruptive fevers, are received. The annual number of births in the Hospital is about FIVE HUNDRED. The BLACKWELL'S ISLAND HOSPITAL, under the charge of the Medical Board of Bellevue Hospital, contains usually about ONE THOUSAND patients, a large proportion being affected with chronic diseases. This Hospital always contains several hundred cases of syphilis.

In addition to the immense field of clinical instruction afforded by these hospitals, the student may avail himself of other resources for practical instruction contained in the great metropolis.

Practical Anatomy, amply provided for by law, may be prosecuted to any extent and without expense. Twenty-two resident Physicians and Surgeons are annually appointed on the recommendation of the Medical Board of the Hospital, after an examination, and receive a salary adequate to their support.

The fees for all the tickets for the Session amount to \$105. Tickets for one or any number of the seven departments of instruction may be taken out separately. The matriculation fee is \$5. The graduating fee is \$30. No additional fees are required for hospital tickets or anatomical material. Students who have attended two full courses in other accredited schools receive all the tickets for \$50, exclusive of the matriculation fee. Students, after two full courses in this College, or who have attended one full course in this college, and one full course in some other accredited school, are required to matriculate only. Graduates of other schools, after three years, are required to matriculate only. Prior to the expiration of three years, they receive a general ticket for \$50.

The requisites for graduation are the same as in other Colleges of this State.

Comfortable board and lodging may be obtained for from \$3 to \$5 per week. The necessary expenses at attending a course of lectures need not exceed \$200, exclusive of travelling expenses.

Bellevue Hospital is situated on East River, between 26th and 25th Streets. The entrance to the Hospital is on 26th Street. Students, on arriving in the City, are requested to report at once at the College of Bellevue Hospital. The Janitor will be provided with a list of boarding-houses near the hospital, and will take pains to aid students in securing comfortable accommodations without delay.

Persons desiring further information are requested to communicate with the Secretary of the Faculty, Prof. AUSTIN FLINT, JR., No. 74 Union Place, corner of 4th Avenue and 19th Street.

Geneva Medical College.—The Session of 1862-63 will begin on Wednesday Oct. 1, 1862, and continue sixteen weeks.

FACULTY.

JOHN TOWLER, M.D.,
Dean and Registrar.
JAMES HADLEY, M.D.,
Emeritus Professor of Chemistry and Pharmacy.
JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.
FREDERICK HYDE, M.D., Professor of Principles and Practice of Surgery.
GEORGE BURE, M.D., Professor of General and Special Anatomy.
NELSON NIVISON, M.D., Professor of Physiology and Pathology.
HIRAM N. EASTMAN, M.D., Professor of the Practice of Medicine and Materia Medica.
_____, Professor of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.
LYMAN W. BLISS, M.D., Demonstrator of Anatomy.
Fees, payable in advance.—Matriculation, \$3. Tickets for the whole Course, \$50. Graduation, \$20. Demonstrator's ticket, \$8. Anatomical material, \$5.
Special attention paid to Military Surgery, etc.
Further information may be obtained by addressing
J. TOWLER, Dean of the Faculty, Geneva, N. Y.
* R. Stone, M.D., will perform the duties of this department.

Albany Medical College.—The next

annual course of lectures will commence on the first Tuesday in September, and continue sixteen weeks. Degrees will be conferred at the close of the Session. Fee for full Course, \$65. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar Institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Weekly Cliniques are held in the College.
Boarding, from \$2.50 to \$3.00 per week.
ALDEN MARSH, M.D., Prof. of Principles and Practice of Surgery.
JAMES MCNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.
JAMES H. ARMSBY, M.D., Prof. of Descriptive and Surgical Anatomy.
HOWARD TOWNSEND, M.D., Prof. of Materia Medica and Physiology.
CHARLES H. PORTER, M.D., Prof. of Chemistry and Medical Jurisprudence.
JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics and Diseases of Women and Children.

J. V. P. QUACKENBUSH, REG'R.

ALBANY, July, 1862.

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Original Lectures.

COURSE OF LECTURES

ON

DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE

NEW-YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.

SESSION 1860-61.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE XI.—PART III.

Liability to Convulsions decreasing with Age.—Various Causes of Convulsions.—Dental Convulsions.

THE equality of a portion of the symptoms in a large number of cerebral diseases is a well known fact. The prevalent liability to one of them, viz. convulsions, is a peculiarity of infantile age. The smallness of the large hemispheres explains the suddenness of the loss of consciousness in very young children, the undeveloped condition of the cerebellum, the loss of power over every one of the voluntary muscular actions; thus convulsions are a very frequent occurrence in very early infancy, and it can be said, that the number of cases decreases with every month. This is positively true, and the often repeated statement of the greater frequency of convulsions during dentition, that is, during and after the second half-year, is a mistake. My own experience, moreover, has not been able to convince me of an assertion I have often heard from good observers, viz. that the period of the second dentition should be more fertile in attacks of convulsions than that immediately preceding. Let us see, however, on which facts this assertion is based, and whether or not dentition, either first or second, is so very influential in producing convulsions, that the diminution of attacks with increasing age should be essentially interfered with. It will be our main object to investigate the principal causes of convulsions in infantile age, the place among these causes which can reasonably be assigned to dentition, and thirdly, the manner in which the protrusion of a tooth can become the cause of an attack of convulsions.

I have spoken of cerebral and meningeal hyperæmia and anæmia as causes of convulsions. Almost every one of the morbid conditions of the brain, and many of the skull, have the same results; for instance, inflammation and its consequences, mollification, pseudoplasms particularly of tubercular nature, exostoses of the cranium, etc. These are very frequent causes of convulsions, and allow of but an unfavorable prognosis. Their majority is not of a primary nature, but the secondary result of diseases in distant organs, as the digestive organs; or of dyscrasic affections, or some functional anomalies; they are very generally followed by effusion, or complicated with cerebral hyperæmia of more or less serous character. Such convulsions afford the aspect of a real cerebral affection, the attacks being either clonic or tonic, and always combined with loss of consciousness. Sometimes they show a singular periodicity; epilepsy is often traced to early infancy. Only in such cases where the spine is gradually participating in the affection of the cerebral substance or its meninges, the convulsions assume a peculiar tetanic character. As a general rule, they are universal; the muscles of the face, thorax, and abdomen, and the extremities, appearing to be principally affected, either contemporaneously or alternatively. Sometimes, however, they are singularly local. Both in children and in adults, the m. rectus internus is frequently convulsed by an affection of the m. abducens; the oculomotor nerve, the motory portion of the fifth, facial, and hypoglossus nerves are frequently the only parts affected; and the local convulsion of the gastrocnemius

muscle, depending on a few ramifications of a spinal nerve, is no rare occurrence.

Next to those mentioned hitherto follow the convulsions depending on some change taking place in the blood. Poisons introduced into the system, like opium, nux vomica, and strychnia, lead, mercury, and ergot, produce convulsions belonging to this class. Obstructions in the venous circulation of the brain or the large vessels of the neck have similar effects, while obstruction in the arterial circulation is attended with quite different symptoms. For ligating the carotid arteries, or emboli in one or more arteries of the brain, are very apt to give rise to sudden paralysis. To this class there also belong changes taking place in the milk of the mother or wet-nurse, in consequence of alcoholic beverages or mental emotions. Further, the effect of malaria and the unknown principles active in the eruptive stages of exanthematic fevers; the decomposition of the blood in phlebitis and pyæmia, uræmia, and cholæmia.

Of a somewhat different nature are those convulsions which depend on anomalous functions of, or contents in, the stomach or intestinal canal. Improper food and therefore defective digestion, fermentation, flatulency and colic, and intestinal worms, are almost as frequent in the wealthy as in the poor; therefore convulsions from this cause are often observed, but fortunately in their majority not very dangerous; spontaneous vomiting, or evacuation of the bowels, will very often have set in before the doctor has time to call, and the child appearing to struggle a short while before, as if dying, is lively and busily engaged with his toys. Not quite so frequent as the former are such convulsions as depend on diseases of the respiratory organs. Sometimes a severe attack of bronchitis or pneumonia will set in with convulsions, but generally the last stage in fatal cases will be the most usual time for their appearance; then they are but the symptoms of imminent death. General convulsions during the spasmodic attacks of whooping-cough are not very frequent; they are observed as the results of the spasmodic contraction of the abdominal muscles, diaphragm, and the expiratory muscles generally, which repel the blood into the large veins and produce cerebral congestion, by not allowing the blood to leave the cranium by means of the jugular veins. They are dangerous from two causes; first, from the congested condition of the cranial cavity, and finally from the more or less protracted period necessary to subdue a severe whooping-cough. This danger is a real one, in spite of the improved means of really both shortening the duration, and mitigating the attacks of this disease.

The urinary and sexual organs also influence the nervous system sufficiently to give rise to convulsions. The allusion to uræmic poisoning of the blood, of which I have spoken just now, will suffice to direct your attention to diseases of the kidneys and albuminuria. Testicles retained in the inguinal rings have been known to produce convulsions. Diseases of the bones also have a similar effect, if we are to follow the opinion of such authors as consider rachitis, and the rachitical condition of the cranial bones, as a disease of the osseous system. I must say that I do not participate in this opinion; the rachitical process shows best in the bones, but they are neither the only, nor even always the most important part amongst those affected. And as to craniotabes I do not hesitate to say, that the convulsions occurring during its course are the result of meningeal and cerebral effusions which are very apt to take place contemporaneously. Hypertrophy, however, of the cranial bones, and premature ossification of the cranial fontanels and sutures, will sometimes give rise to convulsions.

Finally, I should mention the occurrence of convulsions resulting from influences on the external skin and sensory organs. Refrigeration, by both congestion to the internal parts and irritation of the peripheric nerves, is known to have this effect, sometimes; so is brilliant and sudden light striking the eyes, or unexpected and extraordinary sound hurting the ear.

After all, the origins and seats of convulsions show a great many varieties. While a number of cases depend on the nervous centres, particularly the brain, others depend on some irritation influencing either the course of the nerves or their peripheric ends. Of the highest importance, however, are such as depend on the irritation of sensitive nerves, which at the origin of both the sensitive and motory nerves is communicated to the latter, by them reflected to their peripheric ends, and there active in the muscular contraction. To the class of these reflected spasms, reflex convulsions, belong those of which we have spoken as produced by irritation of the urinary and sexual organs, of the skin, and of the respiratory and digestive organs. To this class also belong those cases, which undeniably may be observed sometimes as the result of irritation of the last ramifications of the dental nerves. [This will happen in such cases, in which the protrusion of a tooth is really attended with, and even prevented by, an inflammatory disease of either the jaw or gum.]

Original Communications.

DIFFICULT OBSTETRICAL CASES.

By GEORGE T. ELLIOT, JR., M.D.

PHYSICIAN TO BELLEVUE HOSPITAL AND THE LYING-IN ASYLUM, CONSULTING PHYSICIAN TO THE SURGERY AND CHILD'S HOSPITAL.

(Continued from Feb. 15th, 1862.)

CASE LXXXVI.—Brow presentation.—Forceps and version failed in consequence of the powerful unyielding contraction of a circular band of uterine muscular fibres; perforator, crotchet, and craniotomy forceps having also failed, the patient was finally delivered with the cephalotribe.—Chloroform.

Mrs. — fell in labor with her fourth child in the night of the 6th of March, 1862, under the care of Drs. Bishop and Case. She was robust and well built, but the antero-posterior diameter of the brim was somewhat undersized, and her previous labors had been slow on this account, but had terminated successfully both to mother and child without interference. Dr. Case informed me, when he came for me, that Dr. Bishop had failed to deliver either by version or forceps, and being thoroughly acquainted with his great ability in obstetric operations, I took my cephalotribe with the other instruments. By the time of my arrival, March 8th, the waters had been discharged for more than twelve hours. The brow presented, with chin directed to the right sacro-iliac synchondrosis; os fully dilated; child evidently full size. No advance had been made through the brim, nor was there any arrest by any portion of the pelvic brim; on the contrary, flexion could be very readily brought about, and the presentation converted into that of the vertex. When this had been accomplished, the posterior fontanelle was directed to the middle of the left ilium, and my forceps were readily applied by passing the first blade in front of the left sac.-il. syn., and carrying the other directly to its place behind the right acetabulum. But my strongest tractions failed to do more than reproduce the brow presentation. A repetition of the manœuvre had the same effect. In short, the head would turn as it were on a pivot, but not advance in its totality. One blade used powerfully as a vectis accomplish nothing. It was evident that neither Dr. B. nor I could accomplish anything in this way. Proceeding to turn, I then found exactly what Dr. B. had described, viz. that the arrest was due to a circular uterine band, tetanically contracted a little below the shoulders of the child. Thus the knees were above this circular constriction on the right side of the uterus, and I toiled vainly without being able either to bring one down, or to push a leg by pressure from above through the right side of the uterine wall. All efforts at version by external mani-

pulation alone, or conjoined with the hand in the vagina, failed also, when I recommended craniotomy. Before doing so, however, Dr. Bishop again renewed his efforts, and succeeded in bringing the left foot to the brim of the pelvis, from which place we could advance it no further nor push up the head.

It is important to mention that during the operations of Dr. Bishop before my arrival, chloroform had been given, and that during all these efforts Dr. Case kept the patient as profoundly under its influence as possible, without in any way relaxing the tonic spasm of the fibres referred to.

Careful exploration now enabled us to reach a loop of pulseless funis, and thus all objections to craniotomy being removed, I opened the head, and broke up the brain. Both the crotchet and the craniotomy forceps broke away piece after piece of the well ossified head without advance. Under these circumstances, with the full approbation of the gentlemen present, I took the cephalotribe (Seanzoni's) and without any difficulty locked it, and crushed through one diameter. Still my tractions did not avail, and it was thought better that it should be reapplied, in an opposite diameter, which was again readily effected. Having again crushed through the fetal skull; by the unyielding grasp of this powerful tractor, I withdrew the head and overcame the obstacle. The child was a male and of large size. Leaving the placenta to the management of Dr. Bishop, I was surprised to be called again to the bedside, to notice the curious way in which the constriction described had reproduced itself, or rather, perhaps, had steadily advanced with the altered uterine bulk, and now retained the placenta in an imperfect hour-glass. This, however, did not make the removal of the after-birth (which was not adherent) an operation of difficulty, though it necessitated the introduction of the whole hand. In so doing the brim of the pelvis and lumbar vertebrae were carefully explored.

Without the aid afforded by this powerful yet thoroughly manageable cephalotribe, I do not know how long it would have taken to overcome the singularly strong and tenacious grasp of this tonic uterine spasm.

Mrs. — recovered perfectly.

CASE LXXXVII.—Forceps for Cessation of Fetal Heart Sounds.

Mrs. K— engaged me in October, 1859, to attend her in her fourth confinement. Her three children had been still-born at term, and two had presented the breech. On examination I found that the head presented, and the foetal heart sounds were distinct. Within a fortnight the labor commenced, and proceeded without anything worthy of note—occiput anteriorly; inferior strait reached—until suddenly the foetal heart sounds, which I had been watching attentively, grew faint and stopped. Without waiting for chloroform, I immediately delivered with forceps, and succeeded in reviving a feeble but well developed child. Unfortunately, however, it died at the age of two months from pneumonia. It is my conviction that many still births might be prevented by more frequent examinations of the foetal heart than are customarily made during the progress of labor.

CASE LXXXVIII.—Albuminuria.—Convulsions.—Forceps.—Mother and Child did well.

Dr. Winter sent for me on the 14th of September, 1861, to a primipara, aged 20, in puerperal convulsions, which had then recurred during five hours. She was unconscious on my arrival, and had been so for two hours. Head presenting in the first position, descent completed. Dr. W. kept up the moderate use of chloroform, and I delivered a living child with forceps. This young mother, like so many others, presented on careful examination, neither puffiness, pallor, nor oedema, nor any expression of the albumen with which her urine was loaded. Mother and child did well.

CASE LXXXIX.—Powerless Labor.—Delay.—Unexpected change of Fetal Head.—Forceps.—Both did well.

Mrs. F—, primipara, was confined September 19, 1861. Duration of labor, twenty-four hours. At the commence-

ment of labor the head presented in the first position, a fact recognised by Dr. Barker and myself. The progress was slow and unsatisfactory, pains ineffectual, and not strengthened by $\frac{3}{4}$ j. of Squibb's fl. ext. of ergot and 3 vj. of Neergaard's saturated tincture. After waiting twenty-four hours, Dr. Thomas was called in consultation, and I requested him to decide the question of interference. He advised the use of forceps, and recognised the posterior fontanelle just behind the right acetabulum, where indeed it was, having passed there during the twelve hours or more which had elapsed since my examination of the position. As she had a systolic, mitral, cardiac murmur, she was brought under the influence of ether by Dr. Thomas, when I delivered her of a living female child with forceps. The parietal bones were remarkably thin and parchment-like, and the sutures quite wide. The placenta was so tightly grasped by irregular uterine contraction, that it had to be removed by the hand. The child had some hæmorrhage from the vulva on the fourth day, after which it did well. Mother recovered perfectly.

CASE XC.—*Albuminuria.*—*Post-partum Convulsions.*—*Post-partum Hæmorrhage.*—*Subsequent Death of Mother.*

Dr. — called me to Mrs. —, a multipara, who had been attended by a German midwife. She had subsequently suffered from convulsions and hæmorrhage, for which the Dr. had been called, and after insuring good uterine contraction, and giving brandy by enema, he came for me. Her pallid, anæmic look, struck me more forcibly than her unconscious condition, though there were no traces of blood in the bed. On examining the abdomen, however, I found the fundus of the uterus above the umbilicus, and the womb filled with clotted blood, which was readily taken away, when a small portion of retained placenta was found. After the customary measures, position, brandy, ergot, and beef-tea, had rallied the patient's strength, I left. She was still unconscious. There was no other œdema than in the legs. Urine drawn with a catheter, and found to be very albuminous. I am informed that she died a few days afterwards.

(To be Continued.)

REPORTS ON

SOME RECENT IMPROVEMENTS IN MATERIA MEDICA AND THERAPEUTICS.

By EDWARD H. JANES, M.D.,

OF NEW YORK.

V.

EFFECTS OF THE PREPARATIONS OF IRON.

DR. D. S. GANS, of Cincinnati, has translated from *Virchow's Archives*, and published in the *Lancet and Observer*, some observations on the effect of the preparations of iron on the tissue-change, made by Dr. Pakrowsky, of St. Petersburg, who, after measuring daily in all the patients the temperature of the body, the quantity of the consumed food, the quantity of the excrements, the specific gravity, quantity of chlorides and urea in the urine, etc., concludes that "the temperature of the body is positively heightened by the use of these preparations. This increase results in some cases very soon; in one case it occurred after five hours, in others slower, and in one case after a long interval and after a large dose. The temperature, the morbidly lowered as well as the normal one, is increased, and if it ceases to rise after reaching a certain height, having taken a certain quantity of iron, the temperature will rise more by increase of the dose. Several days after using it, the pulse rises also, although not in all cases. Very soon, and consequent upon the increase of the temperature, the daily amount of urea in the urine increases. The use of iron increases the weight of the body. Every preparation of iron produces the same effect, and a change in the different preparations in the same patient does not alter the result. The diuretic effect of citrate of iron was very distinct in

two cases, but was wanting in three under the same conditions. In all cases where iron was used, no constipation of the bowels took place, except a slight one after iodide and lactate of iron. It was borne well, and in large doses, by the digestive apparatus (nine grains pyrophosphate of iron, and fifteen grains ferrum hydr. reductum). Dropsical transudations in the subcutaneous cellular tissue were resorbed by the use of iron, even in patients with insufficiency of the mitral valve, and reappeared after stopping with the remedy. The increase of the heart's impulse, and the dyspnoea in patients with organic cardiac disease, disappeared even in cases in which digitalis had done nothing. After the normal temperature of the body had been raised by the use of iron, it lasted a considerable time after stopping with its use before returning to its normal condition; whilst the morbidly lowered temperature rose quickly by the use of iron, it fell just as quickly by stopping with its use—at least, where the other pathological symptoms continued, and where, consequently, the cause of the low temperature was not cured." From the above conclusions, the author feels justified in ascribing to iron a nutritive power. The increase of temperature indicating a stronger tissue-change is not in consequence of increase in the quantity of the blood or of the blood corpuscles, both of which are slow operations. The same may be said of the increase of pulse which follows rather than precedes the elevated temperature. Rejecting also the respiration as unaltered by the iron, and hence having no influence on the temperature, Dr. Pakrowsky directs us "to look for the effect of iron in the finest arterial and capillary system, one of the important places of nutrition, and the growth of the tissue and organs, and so much more, as the disappearance of dropsical transudations in the subcutaneous cellular tissue after the use of iron points to that system. The most probable is the supposition that the iron acts upon the contractile elements of the finest arterial branches, which must have, without doubt, a high and important influence upon the capillary circulation, and, namely, upon the degree of the tonics, i.e. the degree of tension of the walls of these ramifications. The iron must consequently alter the conditions of the diffusion of the elements composing the tissue and organs. Only in this way does it seem possible to explain the quick effect of iron upon the nutrition, and the resorption and the cedematous transudations."

MEDICINAL TINCTURES WITHOUT ALCOHOL.

Sir James Murray has submitted to the Surgical Society of Ireland, a process for extracting the medicinal virtues of various vegetable substances, by using for a menstruum a solution of magnesia and camphor in distilled water, holding carbonic acid in solution, instead of alcohol, the latter, on account of its exciting nature, being often objectionable and sometimes altogether inadmissible, especially in some diseases of children. Experiments had already been made and the results published, sufficient to attract his attention to this subject, especially those made by Dr. Thomas Skeete, in 1786, in which it was found that fine powder of pale bark, acted on by magnesia, produced a solution which when filtered was of a deep brown color, more bitter and astringent than even an infusion of red bark, producing a precipitate with sulphate of iron more intensely black and copious than the common infusion of bark, and possessing also superior medical virtues. Bergman and Brande found that magnesia exercised a solvent power over the most decided resinous bodies. Camphor, being an antiseptic, and rendered soluble by bi-carbonated magnesia, a solution of the two, aided by the preservative properties of carbonic acid, forms a permanent solution, which is now submitted to the profession as a general solvent of medicinal substances. The liquid itself is used with advantage in the place of camphor julep, on account of the greater quantity of camphor it contains. Aloes, buchu, calumba, cardamoms, cinchona, gentian, galls, hops, rhubarb, sarsaparilla, valerian, ginger, are among the plants suited for digestion in the aerated fluid camphor. Any one of these, in pro-

portions of ten ounces of the dried substance, in coarse powder, may be macerated in two quarts of the solvent for some days, agitating them occasionally. It was never the intention of the inventor of these improvements either to supersede the use of proof spirit where admissible, or monopolize their preparation. The intention is to exclude alcohol only from such tinctures as cannot convey enough of the active principles of bulky drugs without draining dangers. It is claimed that when these drugs are macerated in fluid camphor and magnesia, the carbonic acid, in excess, exalts the power of the remedies and aids their preservation. The *Dublin Medical Press*, April 16, contains a more lengthy account of these preparations.

CANTHARIDES AS A THERAPEUTICAL AGENT.

The internal administration of cantharides in large doses, with the mode of its operation, forms the subject of a paper published in the Cincinnati *Lancet and Observer*, from the pen of DR. ALEX. MCBRIDE, Surgeon O. V., U. S. A., who strongly advocates it as "an agent the most powerful to rekindle the waning spark of vitality—an agent which in many cases of disease at an almost helpless stage, will rally the scattered and almost dissipated vital forces, concentrate and generalize their action, and re-establish that series of atomic changes upon which vital action depends." He was led to the investigation of the subject in the year 1854, when typhoid and continued fever prevailed to a considerable extent in northern Ohio, and he frequently saw patients in whom congestion of the lungs had supervened at an advanced stage of the fever. These were treated with the application of emplast. canthar., and in many cases with marked success, and the observation made that in those cases that were at all remediable, the abatement of bad symptoms began within thirty minutes after the application of the plasters, especially when applied over a large surface. An effect so prompt could not be due to vesication, but was supposed to depend either upon the plaster acting as a poultice to the warm part, or the absorption of cantharides. The latter theory seemed more rational to the writer, and he resolved to try the result of cantharides when administered internally, and now reports a number of cases illustrating its happy effects. The first case reported is that of a feeble woman, aged fifty, who had long suffered from an obscure remittent fever, and every few days reduced still lower by a "sinking" chill. During one of these chills sixty minims of tinct. cantharides were administered at once, from which she soon rallied, and from that time her recovery was uninterrupted. Other cases are reported, comprising one of extreme nervous depression, partial palsy, typhoid pneumonia, animal poisoning, gangrenous erysipelas, low stages of typhoid fever, cholera, etc., in all of which rapid improvement is said to have followed the first administration of the remedy. The dose was usually from 3 ss. to 3 iss. of the official tincture, sometimes alone, sometimes in combination with ammonia, or camphor, or quinine, or iron, as each was indicated, or alternating with the iodide of potassium. In none of the cases did strangury occur, and he says it will not where the peculiar action of the remedy is plainly and clearly indicated, which means that stage of the disease which authors have pointed out as the "blistering stage." He does not disparage blistering, but in urgent cases has applied them in connexion with the internal use of the tincture; but in extreme cases we cannot wait for the absorption of cantharidin through the skin, "when vitality and blood have almost forsaken the surface," the internal administration of large doses becomes necessary to insure a speedy action. As a general indication for its use he gives the following: "*When in atonic, asthenic, or adynamic disease it is a desideratum, from whatever cause, to produce general or local capillary tonicity, the internal use of cantharides will be indicated, and in quantity proportional to the urgency of the demand.*" And again: "When turpentine is indicated to produce general action, cantharides is still more indicated, if the indication is urgent; but they should

not both be given." When it is determined to use the cantharides internally, a full dose (one drachm, or perhaps more) should be given at once, after which smaller doses will generally suffice. Its repetition should not be trusted to incompetent hands, but the prescriber himself should as far as possible administer it, remembering that like all potent drugs it is as capable of doing mischief as good, and should only be given to a sufficient extent to accomplish the object desired: for if it acts by re-establishing the series of atomic changes upon which vital action depends, a too free exhibition may urge these changes beyond the point of endurance, the tendency of which would be to destroy. The writer believes cantharides to act primarily upon the capillaries, by inducing tonicity, diminishing their calibre, whereby congestion is relieved and absorption promoted; and that its action upon the general constituents of the organism throws a large amount of nitrogenized effete matter into the circulation, which the kidneys elaborate into urine, which increases the quantity of dense urine; and he has noticed the fact that so long as the urine is dense there is no strangury, but when it grows pale the quantity grows less, and if the medicine is continued strangury will follow. Hence we have the following rule:—"Cantharides may be given in free dose (in cases where indicated) as long as the urine continues of a darker color than pale amber." After some observations on the local and general effects of cantharides as usually administered, he thus concludes:—"Now, in conclusion, I wish to say that I have written the foregoing facts because they are true, and ought to be known to the profession; and for the few conjectures submitted, I ask your indulgence till they are further considered."

The same journal contains a report by Dr. G. R. Patton, on

THE USE OF THE SEEDS OF THE PUMPKIN IN TÆNIA.

A number of cases are reported, all of which had repeatedly undergone the usual routine of treatment. An emulsion was made with two quarts of the hulled seeds and two quarts of water, and a large tumblerful given three times a day, preceded by a light diet and free evacuation of the bowels. The effect was in all the cases to bring away large pieces of the worm, in some of which the head was found. He thinks the pumpkin seed claims our first attention as an exterminator of tænia, the frequent failure being due to discontinuing the remedy too soon. The treatment should be maintained from four to six days, unless the head be discovered, the patient being confined to a light diet. No purgative should be used during its use, as the emulsion itself is sufficiently laxative, if a light diet be enforced.

CASES

TO SERVE IN THE HISTORY OF THE RELATION WHICH EXISTS BETWEEN

PUERPERAL FEVER AND EPIDEMIC ERYSIPELAS.

By M. Pihan-Dufeillay,

INTERNE DES HOPITAUX, MEMBER OF THE SOCIÉTÉS D'ANTHROPOLOGIE ANATOMIQUE-MÉDICALE D'OBSERVATION.

[Translated from the French of the *Union Médicale*, by Dr. P. F. O. Deslandes, of New York.]

(Continued from p. 74.)

Those examples of the communication of erysipelas through the miasma of puerperal fever, could not moreover receive a more striking confirmation than by the demonstration of a reciprocal action of erysipelas on the development of puerperal symptoms. This mutual influence of erysipelas and puerperal fever, the infectious emanations of which could indifferently produce one or both of these morbid conditions, according as the subject attacked would offer the conditions necessary to the development of one or both of these affections, has not, as we said, been yet studied with care, so that facts of this kind must have passed

unnoticed. Hence cases sufficiently numerous and conclusive are wanting to solve this important problem.

However, we will mention a few facts, which although of limited importance in themselves, would be of great value if confirmed by recent well observed facts.

Peu, according to Veson, attributed an epidemic of puerperal fever, which devastated the *maternité* of the Hotel-Dieu, to the position of the wards, where emanations arising from the neighboring surgical wards penetrated. The suppression of this miasmatic current of air, and the change of neighborhood, sufficed to arrest the march of the disease.

In our own times we find facts quite as authentic, and perhaps more convincing. Dr. Hutchinson relates that two physicians, living ten miles from each other, had an appointment to meet at a patient's house, situated half way from the town where each of these gentlemen lived. After the opening of abscesses, the result of phlegmonous erysipelas, and the handling for some time of the affected part, both physicians went back home. Within the thirty hours following, each of them attended a woman in confinement, and, what was remarkable, both women died of puerperal fever, although not a single case of the disease existed in their village nor in the neighboring towns.

Dr. Ingleby relates that a physician was engaged in making incisions on a part affected with a grave phlegmonous erysipelas, when he was sent for in haste to attend a midwifery case. He went and confined the woman, who was attacked with puerperal fever, and soon died. During the ten following days, the same physician attended seven other women, all of whom had puerperal fever. None of his colleagues in the same city met with a case in his practice.

In the month of June, 1848, a carpenter wounded himself in making a coffin. It was in the village of Leuchars. As he was placing the deceased in the coffin, the wounded part came in contact with some liquid oozing from the cadaver. Symptoms analogous to those that attend anatomical punctures followed, lymphangitis, then intense erysipelas, which covered the arm and reached the trunk. Three days after the appearance of the erysipelas, his wife, who lived in his room, and watched him, was seized with enlargement of the ganglions, chills, fever, then extremely intense erysipelas. Meanwhile, the daughter of this carpenter, seventeen years of age, and a servant in a neighboring farm, came to her father to be confined. The day after delivery she felt a chill, became prostrate, and died in forty-eight hours with all the symptoms of typhoid puerperal fever. I was sent for, says Dr. Hill, to attend this family. From there I went to a labor. The unfortunate woman whom I had delivered, died on the fourth day, of typhoid puerperal fever. These were the only cases I heard of in the county at that period.

The following still more conclusive facts are from the same physician:

On the 30th of August, 1849, Dr. Hill was called to see a little girl eight years old, attacked with erysipelas. The swollen ganglions suppurated and broke. Nine days after the appearance of this erysipelas, Madame F—, the mother of the child, was attacked with the same disease. During its course, this lady was delivered of a child, whose face and head were affected with erysipelas. This exanthem made, a few days after, its appearance around the navel, spread, and caused the death of the child. As to the mother she recovered slowly, and, after grave symptoms, referred to erysipelas. I should mention that this exanthem had been almost suddenly arrested in its march by labor, and that it resumed its usual course four days after delivery. The midwife who had on the tenth attended Madame F—, was on the eleventh called to deliver a servant who lived a short distance at her father's. The sixth day after her delivery, this woman was taken with chills, diarrhoea, distension of the abdomen, with pain, fever, vomiting, in a word, all the symptoms which characterize puerperal fever. Her recovery was long and tedious. Her father, an old

man, who had nursed her, felt a few days after the appearance of the puerperal fever, the symptoms of erysipelas, with diarrhoea and prostration, and died on the ninth day. The midwife of Madame F—, who had given puerperal fever to her second lying-in woman, was herself attacked on the fourth day with a grave erysipelas, with suppuration of the ganglions, etc. The nurse, who two days after the confinement of Madame F—, replaced the midwife, was obliged to leave, because three days after her entrance into Madame F—'s service, she was seized with intense erysipelas of the face. Lastly, the servant who replaced this nurse, was, on the fourth day of her attendance, obliged to take to her bed, being affected with erysipelas, intense angina, with false membranes, accidents which were soon followed by the most alarming typhoid symptoms.

For analogous cases see an article of Dr. Duncan entitled, *Puerperal Fever and Erysipelas—North American Medical-Chirurgical Review*, November, 1857. The *North American Review*, for 1858, contains cases bearing strongly on this subject, by Dr. Levergood. Some articles of Mr. Hinkes Bird, in the *Midland Quarterly Journal*, March, 1857, treat of the same subject.

Tympson, in his obstetric works (1856), Volume II. pp. 31 and 33, says, when the fingers are impregnated with the morbid secretions of erysipelas, the inoculation of these in the sexual parts of the woman produces puerperal fever quite as surely as those coming from a true case of puerperal fever. A few pages further: "Erysipelatous secretions produce puerperal fever just as surely as puerperal fever secretions produce erysipelas."

The greater number of our citations have been borrowed from foreign physicians, both English and American. German reviews contain no cases of this kind; and in France we have but few that are well authenticated. This has led us to believe that the cases with which we had met in our excellent master's service, Mr. Hardy, were not unworthy of publication.

To show the value of these cases, and their most prominent points, it suffices to recall the circumstances in which the erysipelas made its appearance. Lying-in women, victims of an epidemic of puerperal fever, left the infected ward and suddenly the disease ceased. Other women, strong and vigorous, whose physiological functions were performed in all their integrity, replaced the women affected with puerperal fever in the ward they had left, and almost immediately an epidemic of erysipelas broke out among them. There is in this double result, more than a simple coincidence, particularly if we consider that our patients attacked with erysipelas presented some insignificant spot of the skin denuded, an almost imperceptible lesion in some of them, and which, however, was sufficient, in two of them, to irritate the lymphatics so that lymphangitis preceded erysipelas. The conditions of our patients were, in every way, so different from those operated upon, and those affected with extensive wounds, that if the erysipelas met with in the latter is called traumatic, that which attacked our patients may well be called spontaneous. However, in both cases, there is a wound if a denudation of two millimetres square may thus be called. Now, this lesion, however small, in injuring the lymphatic network of the skin, was sufficient to determine the seat of the erysipelatous eruption, of which it might be called the occasional, or at least the localizing cause.

(To be Continued.)

THE PROPOSED HOSPITAL ON A CHESAPEAKE ISLAND.—Dr. Coolidge, U. S. Army, has just returned from the islands of the Chesapeake, where he was dispatched by the Government to find a convenient location for a hospital. A suitable site has not yet been found.

ABSENT SURGEONS CALLED TO DUTY.—The Government is desirous that all surgeons, now absent on furloughs, should immediately report to their regiments, and that all vacancies left by regimental surgeons should be immediately filled by the Governors of the several States.

REMARKS ON SCARLET FEVER.

By A. SEARLE, M.D.,
OF ONONDAGA VALLEY, N. Y.

[Read before the Onondaga County Medical Society, Jan. 27, 1862.]

(Concluded from page 82.)

ONE simple but very efficient application to the neck in the commencement of these troubles, is hops and vinegar, applied in the following manner:—Take a strip of cotton cloth, five or six inches wide, and of sufficient length to reach round the neck and fasten; then place a handful of hops in a row, nearly the whole length of the cloth; then fold the cloth over the hops, and run the edges of the cloth together with the "running stitch;" then in the form of a stock, dip in boiling vinegar, and when sufficiently cool, apply it around the neck, and constantly wear it through the whole course of the disease, excepting to be renewed occasionally, when dry, by dipping in hot vinegar again. This application had been suggested to me by a lady friend who had tried it, and after condescending to examine the nature and effect of this remedy, I have thrown aside every other, and adopted it in every case of scarlet fever, especially where there is any tendency to glandular complication. I will venture the statement, and say I had rather dispense with any and every other application, internal or external, excepting the medicine to be given at the commencement to prepare the system for a course, than to dispense with the application of hops and vinegar to the neck. In the very nature of the disease the tendency is to the worst kind of inflammatory complications in the glands of the throat and neck. Now, as a kind of negative prophylactic, we must avoid every kind of application that will unduly irritate the skin, and prevent the free perspiration and exhalation of morbid matter through the pores, such as mustard cataplasms, ice and cold applications, greasy salt pork, cupping, scarifying, leeching, and blistering. The tendency of the disease is also to mortification of the parts, especially, and hops and vinegar are a suitable antiseptic. It produces the right kind of counter-irritation. It does not abrade the skin, and thus prevents the patient from suffering any undue amount of irritation. It produces a salutary fomentation, and a glow of agreeable heat throughout the whole system; and in fact, produces a general perspiration, equalizing the excitement, reducing the heat, and expelling a great deal of morbid matter from the circulation. In proof of the above good effects of this cataplasm, I can say I have always had the best of effects, that is when I have had the whole control of the case. One case of a child seven or eight years of age was attended with delirium, and was comatose, in which state he was left by his physician as hopeless. I was called in the night, and prescribed the stock of hops and vinegar, saffron tea, etc. The effect was a sudden restoration, without any other treatment of importance. I was in New York city about eight years ago. A gentleman with whom I was acquainted was doing business there. He had just lost two children with the scarlet fever, under the care of Dr. S., a celebrated physician. Another child, the only one he had left, at the time, was then taken with the disease. He inquired of me what they should do. I told him of the hops and vinegar, and the mild treatment. He was going immediately by railroad. On arriving, he informed the family of the hops and vinegar, and inquired of the doctor if it would answer, as though it might be improper or dangerous. The doctor made light of it, as of not much importance, but he consented to its application, and the child recovered, and is still living.

I might say of the pulse as a diagnostic symptom, that it is small and frequent in every case of scarlet fever. That in the fatal cases the patient is comatose, the surface of the body of a dark red color, and the pulse is very feeble and rapid. The food, in all cases of scarlatina, should be light and of easy digestion. The temperature of the sick room should in all cases be uniform and higher than in other fevers. What is generally called secondary fever, errone-

ously anasarca, is generally produced by exposure to cold.

All the cases of secondary fever or of dropsy, I have seen as a sequela, have appeared under very different circumstances from the original scarlatina. The diathesis had entirely changed from asthenic to sthenic, and, notwithstanding the anasarcaous appearance of the body and the general puffiness, the nature of the disease has been highly inflammatory, affecting in general the whole sanguineous system. Sometimes the inflammation would locate on the brain, then spasms and convulsions would supervene. Sometimes the lungs would be the local part affected, and in others the disease would become general. But all the cases that have occurred in my practice have yielded to a very thorough antiphlogistic course of treatment; bleeding repeatedly, especially in some cases of convulsions, thorough cleansing with calomel, blistering, etc. But these cases that occurred several years ago, may be said to appear under very different circumstances now, as we have to be on our guard for the typhoid element which now prevails in most of our fevers. I might as well have omitted the last sentiment, for it does not correspond with my own views of scarlatina and its nature. Some authors, in treating on the nature of scarlatina, admit that it may be combined with typhoid fever or typhus fever, which indefinite admissions serve to confine and lead us away from the true theory, and, of course, a correct and successful practice. Scarlatina, in all its varied effects, is peculiar to itself, and sufficient of itself to sink the system and destroy life in a very short time.

When we have a case of typhoid or typhus fever, we do not expect scarlatina to set in and interrupt the treatment. Neither would it be any the less inconsistent or detrimental to the treatment of scarlatina, to admit that typhoid fever might be classed in combination with scarlatina, or in the diseases of the sequela. Typhoid fever, sometimes in its commencement, is attended with some common local sthenic inflammation. But the system suddenly, in some cases, sinks into a low state of debility, when quinine and brandy are freely given, almost in unlimited doses, with the most beneficial effects. In some instances these have been given, even before the inflammatory state had subsided, to haste a kind of change or crisis, by perspiration, and prevent the system from sinking as low as it otherwise might do. But everything is changed in scarlatina. The inflammation and fever are entirely different in their nature, as I believe, in every stage. The secretions and excretions must not be obstructed by brandy and quinine when the action is high; it must not be brought down, scarcely at all in any case by depletion. And thus, by the specific and controlling nature of scarlatina, when the system is low, it cannot be raised by drinks and stimulants, or brandy and quinine. But the system in all its functions should be kept in a normal state as nearly as possible, and waiting for the disease, which will have its course, to terminate in the desquamation of the cuticle, or the loss of the hair of the head, or the nails on the fingers and toes, as sometimes happens. I shall be pardoned for what may appear like egotism in these remarks, nor must I be thought supercilious, for they are made without notes from my own practice many years ago, when physicians and authors had not so well learned the true nature of scarlatina. But authors more modern than Cullen and Thomas, have adopted nearly the proper course. The general plan pursued in the family of five children referred to above, I have ever since adhered to, and generally with the same success.

I know of an instance where a lady was taken with scarlet fever, the contagion of which was caused by the winds for the distance of a mile. I could find no other explanation for the manner in which she caught the disease.

When it is said that the symptoms should indicate the treatment, it is not meant that the remedies should be applied to the symptoms, merely as the so-called specifics are in the homoeopathic practice, but symptoms showing the nature of the disease in all its variations in severity,

and different local affections, should determine the treatment. Thus, in a case of delirium, showing a great degree of excitement and determination of blood to the brain, and other symptoms corresponding, it would indicate that blood might be taken. But, as said before, in regard to vomiting, we induce it to relieve the pressure, and not with a view to cure the disease till it could have time to run its course. What is said on blood-letting in scarlatina *per se*, is only meant to apply in some special case in the commencement of the disease; but as a common remedy it must be decidedly contra-indicated, and inconsistent with the nature of the disease.

It is said in the MEDICAL TIMES by gentlemen in the discussions on scarlatina in the New York Academy of Medicine, that a recovery had not been seen after convulsions occurring subsequent to the appearance of the eruption, and that anasarca, following scarlatina, was treated successfully with belladonna and colchicum. I recollect two cases as having occurred in my practice. One was my own son aged 14 years, who had just recovered from a light attack of scarlatina, went out a short distance with men at work on the road, he was soon afterwards taken with violent convulsions and with all the puffiness and anasarca appearance that generally occurs in the sequelae. It was overcome by repeated and copious bleedings, calomel, etc. One other similar case occurred the same season in a lad seven or eight years of age, with violent convulsions with the same puffiness, which yielded to the same treatment, and all the anasarca symptoms in both cases, disappearing with the convulsions. I wish to make a perfect distinction between scarlatina *per se* and the disease following in the sequelae. In the first disease, the scarlatina, the system is suddenly overcome with a contagious poison. It must and will have its own course, and control the system sometimes entirely. The remedies must of course be designed not to apply directly to cure the disease, but indirectly to palliate at first and modify, and in this way effect a cure.

In the disease of the sequelae, as the diathesis of the system and the nature of the secondary fever had become entirely changed, the practice should be bold and thorough, the remedies applied to cure directly by relieving the inflammatory state of the blood and its violent action on some of the organs, and in this way overcome the puffiness of the flesh and the solids, which I may suppose is not so much occasioned by any hydropical accumulation as from the *debility or lesion of the solids*, and the predisposition given to the blood, to *inflammations* by the original scarlatina.

Reports of Hospitals.

NEW YORK HOSPITAL.

AMPUTATIONS OF SHOULDER—AMPUTATIONS OF THIGH AND OF FOREARM—SYME'S OPERATION—DISLOCATION OF THIGH—VARICOCELE TREATED BY LIGATURE—REMOVAL OF FRACTURED END OF TIBIA, ETC., ETC.

[Reported by JOHN T. KENNEDY, M.D., Acting House Surgeon.]

DURING the months of June and July, in the first surgical division, there have been performed by Dr. Parker, the surgeon in attendance, a number of operations which may be summed up as follows: three amputations at the shoulder, two amputations of the thigh, one of the forearm, and one of the foot (Syme's), one perineal section, and two for ligature of the veins in varicocele. Besides these there have been the usual number of amputations of fingers, toes, etc., made by the House Surgeon. A sketch of the different cases, in the order in which they have been alluded to, may be of sufficient interest to the surgeon to repay for their perusal.

I.—Encephaloid Tumor of Arm—Amputation of Shoulder.

—Magt. Fay, æt. 23, was admitted June 7, 1862. About six or seven years ago a tumor, about as large as a hen's egg, first made its appearance on the outer aspect of the right arm near its middle. It was hard, painful, tender, and immovable. The growth of the disease was very slow until about a year ago, when it had acquired the size of an orange. A surgeon, who had charge of the case, attempted the removal of the disease by an operation, but found it impracticable. The wound healed in good time and without trouble. About six months ago some caustic application was made to the tumor, since which time an abraded surface existed, giving rise to frequent bleedings. For a year previous to admission, it had been the seat of a dull heavy pain, which was worse at night. At the time she presented herself for treatment at the hospital, the diseased mass extended from just above the elbow to the junction of the middle and upper thirds of the arm, and measured superficially twenty-two inches, involving the whole circumference of the limb. It was hard and lobulated to the feel; the supernatant skin was shiny and adherent; the cutaneous veins tortuous and dilated, and the external aspect was the seat of a fungous ulcer about three inches in diameter, which discharged a thin light-colored and foetid pus. The general health of the patient was good. According to her own account her father died of a tumor similar in character, and situated on the face.

A consultation was held five days after admission, and it was decided to remove the limb at the shoulder-joint, which operation was performed by the oval method. The patient rallied well from the operation and the wound healed.

II.—Gunshot Wound of Shoulder—Amputation at Shoulder-Joint.—Michl. Fagan, æt. 50, was admitted May 29, under the care of Dr. Halsted, with a wound of the shoulder which was inflicted at the battle of Williamsburg twenty-four days previous to admission. The ball entered a little external to the tip of the acromion of the right side, grazed the outer aspect of the os brachii, and made its exit at the posterior wall of the axilla, about three inches below its point of entrance. On examination the track of the missile was found open, and was discharging a thin dark-colored and foetid pus. There was very extensive burrowing of matter, and roughened bone was seen through the wound and was felt quite extensively with the probe. The general condition of the patient was very poor, and he was suffering from diarrhoea. This latter symptom was soon checked by opiates and astringents, but the life of the patient seemed to be otherwise in great peril. On the 12th of June a consultation was held, when it was thought best to remove the arm at the shoulder-joint, as the only means left to save life. The oval method was adopted. The hæmorrhage was almost nothing; ligatures were promptly applied, and all oozing from the cut surfaces was arrested by the application of the liquor ferri persulphatis. The arterial blood looked very dark, as did also the tissues through which the incision was made. When the operation was completed it was not deemed prudent to remove the patient immediately from the operating table, so feeble did he seem. Stimulants were freely administered, the lower extremities were elevated, and warmth applied to the surface, but the patient soon began to sink, and died in about an hour and a half after the operation. No autopsy was made.

III.—Gunshot Wound of Shoulder—Amputation at Shoulder-Joint.—John C. Myers, æt. 21, native of Pennsylvania, private in 61st Pennsylvania Volunteers, was admitted June 15, 1862. He stated that fifteen days previously he had been wounded in the right shoulder by a musket ball in the battle of Seven Pines. The head of the os brachii was shattered, and was excised by the regimental surgeon on the succeeding day by an incision extending from just below the top of the acromion to midway between that process and the elbow. The patient is of the opinion, however, that the ball was not removed. On admission the wound had nearly healed. On the 16th, about 7 P.M., there

occurred arterial hemorrhage from the stump, which was controlled by pressure on the subclavian artery, and by the application of lint soaked in liq. ferri persulph. The amount of blood lost was about eight ounces. Patient stated that during his journey hither from the seat of war, a profuse hæmorrhage occurred while he was at stool but it was soon controlled by pressure and other simple means. The occurrence of the hæmorrhage in that situation was looked upon as ominous of evil, and a consultation was accordingly summoned, the day following, to determine what was best to be done. The patient was then, by common consent, etherized, and the wound explored, pressure being kept up on the subclavian artery. A quantity of coagulated blood was turned out, but no bleeding point was discovered. The head of the scapula, in this examination, was found to be so badly shattered, that it was thought best to remove the limb at the shoulder-joint. This operation was accordingly done by the simple division of the soft parts on the inner side of the arm, the upper portion of the os brachii being everted. The cavity of the wound was stuffed with dry lint, and the patient put to bed in a comfortable condition. Subsequently the edges of the wound were approximated by adhesive plaster, and union by second intention courted. Every thing progressed well, and the patient made a good recovery.

(To be Continued.)

Reports of Societies.

MEDICAL AND SURGICAL SOCIETY.

DR. T. M. HALSTED IN THE CHAIR.

MEDICAL AND SURGICAL CASES.

STATED MEETING, JUNE 1, 1861.

(Continued from page 79.)

VERSION AS A SUBSTITUTE FOR CRANIOTOMY.

DR. THOMAS made some remarks on the operation of turning, as a substitute for craniotomy and the long forceps, in cases of obstructed labor from narrow pelvis. Five months ago he was called during labor to a woman who had had five dead children. He found a contracted pelvis and a prolapsed funis. He returned the funis without difficulty, and determined to perform version. The child was living. The body was delivered, but the head became wedged, and before it could be delivered the child died. In a second case of contracted pelvis Dr. Thomas applied the long forceps, and failed to engage the head in the pelvis. While the child was yet living he turned, and the head became wedged as before, and during the consequent delay the child died—the mother afterwards died of puerperal fever. In a third case, where the woman had previously lost five children, never having had a living child, Dr. Thomas turned and delivered successfully. Dr. Thomas suggested fracture of the arm as a useful expedient when the head is arrested, this operation allowing the head to pass without difficulty. In the successful case above mentioned the arm was broken. Dr. Thomas further maintains that where the head is arrested, as it so often is in cases of version, it becomes necessary from the interference with the placental circulation to establish respiration. For this purpose a tube was suggested to be inserted into the mouth. It is provided with two lateral rings for the fingers, for convenience of introduction, and the mouth-piece is so arranged as not to be obstructed by the tongue of the child. Dr. Thomas has used this in the successful case, where the attending physician is confident that the child breathed through it before the head was delivered.

Dr. ELLIOT confirmed the experience of Dr. Thomas in the operation of version in contracted pelvis, and prefers the application of long forceps above the brim. He has no fear of seriously wounding the tissue of cervix, either by

the application or traction of forceps. The fracture of the arm he believes to be a useful expedient, and further suggests firm abdominal pressure as an aid in delivery of head.

In all Dr. Thomas's cases forceps were applied, and in the second case Dr. T. is confident that injury was done to the cervix, and the woman had puerperal fever in consequence.

Dr. ELLIOT believes the cervix is generally lacerated in ordinary labor, and that it may be divided without harm.

The Society adjourned by limitation.

STATED MEETING, OCT. 5, 1861.

DR. BUMSTEAD related a case of sudden death from erysipelas, following excisions of a cancerous breast. The wound was doing well and a portion of it had healed by first intention, when erysipelas supervened and extended rapidly, causing death on the tenth day after the operation. Post-mortem examination revealed pleuritic effusion on both sides, eight ounces on one, and sixteen ounces on the other, with a granular condition of the kidneys, urine not examined before death.

DR. VAN BUREN related a case of injury of elbow-joint, in a child, where there had been fracture of os brachii just above the joint and splitting of the condyles. The most remarkable feature in the case was the paralysis of the radial branch of the musculo-spiral nerve. The power of extension of the arm upon the hand was gone. There was considerable deformity.

DR. VAN BUREN also alluded to a case of concussion of the spinal cord, that had recently fallen under his observation, in a lieutenant of volunteers, who was captured at Bull Run, and roughly dragged and trampled upon on the battle-field. He was left on the field with severe concussion of the brain and spinal cord, was afterwards taken to Washington and confined to his bed six weeks. There was now no apparent lesion, but he suffered from considerable pain and nervousness in the lower extremities, and in the morning had to be assisted out of bed. He walks with difficulty after he first rises, but in the evening gets pretty good use of his limbs.

DRAINAGE TUBE OF CHASSAIGNAC.

DR. BRICK made some remarks on the use of the drainage tube suggested by Chassignac, for the treatment of abscess. In one case recently treated at the hospital the result had been very favorable—the patient, a healthy male, æt. twenty-five, had a large abscess developed, without any apparent cause, on the buttock, supposed to contain two or three pints of pus. It was traversed with a drainage tube in its dependent portion. The swelling diminished gradually, and at the end of ten days the tube was removed, the discharge being then very slight and the walls of the abscess collapsed. Another case of abscess, of the cold variety, was treated in the ordinary way in the hospital, about the same time, and presents a contrast to the one just described. The case was one of abscess in the lumbar region, unconnected with the kidney or spine; it was punctured and allowed to discharge gradually, three or four ounces daily, for three days. The walls then inflamed and became sloughy; it was freely opened and the patient did well for a few days, when an acute abscess appeared on the buttock, near the trochanter, and the patient rapidly sank and died.

(To be Continued.)

THE SICKNESS IN THE SIXTIETH NEW YORK.—The sanitary condition of the 60th New York Regiment, from St. Lawrence county, still continues very low, and mortality is on the increase. The regiment is stationed at Washington, Va. Dr. Vollum writes to the Surgeon-General that typhus and typhoid fever are the diseases which have prostrated and thinned out this regiment, and urges that nothing will check their fearful inroads except a speedy removal of the regiment to a more northern clime. The medical officers have laid the matter before Gen. Pope, who will order the regiment to Washington immediately.

American Medical Times.

SATURDAY, AUGUST 16, 1862.

SANITARY INSPECTION IN THE ARMY.

ONE of the most important clauses of the Act reorganizing the Medical Department of the Army, was that creating a bureau of sanitary inspection, with a corps of inspectors. Every European government which has perfected its military organization within the last few years, has given especial attention to the systematic enforcement of hospital and camp hygiene. Medical officers have been detailed with ample powers to secure the observance of the most stringent sanitary rules. The good effects which have followed such wise legislation, are strikingly illustrated in the history of the English army. An eminent writer states that, under the new system, an exact account is kept of the diseases of every soldier from the day he enters to the day he leaves the army or dies on the pension list; and the returns are so arranged as to exhibit the diseases of every regiment separately, as well as the amount of disability, invaliding, and death produced by each malady, and as far as possible by each conspicuous cause. The variable sanitary state of the army is thus brought clearly before the eyes of the Medical Department, the commanding officers, the Commander-in-Chief, and the Secretary of State, so that evils, instantly known, can often be suppressed as they arise. The force at home, he alleges, consists of men in the prime of life, between the ages of 20 and 40, generally unmarried, and living hitherto in barracks. He believed that, "whereas 17 in 1000 of these men at home had died annually, a body so selected, well fed, well lodged, and well handled, morally and physically—admitting only recruits satisfactory to the examining medical officer, and parting constantly with its invalids—should not experience a higher rate of mortality than that expressed by 7 in 1000; the rate of mortality actually experienced by the population at the corresponding ages in the healthy districts of England. The result was nearly achieved in the corps at home in 1859. The mortality of the Foot Guards had been 20 per 1000 (1837-46), and fell to 9; that of the infantry of the line had been 18, and fell to 8; which was also the mortality of the cavalry, the engineers, and the artillery. The annual deaths among all arms of the service at home had been 17.5; the deaths at Shorncliffe and Aldershot in the three years 1857-58-59 were at the rate of 5 in 1000. The previous excess was referable to zymotic diseases, such as fevers, cholera, diarrhoea, and to consumption; the effects of crowding in barracks, of bad ventilation, bad water, bad drainage, badly chosen sites, bad cooking arrangements, and the absence of the means of cleanliness. A great result has been realized; in England hundreds of lives have been saved; indeed, a battalion living in arms at the end of the year 1859 would, at the previous rates, have then lain buried in their graves. Severe sickness has also decreased, and the vigor of the whole body of healthier men has, no doubt, increased in proportion."

We may gather a more correct idea of the character

of the sanitary inspection instituted by the English government, from the instructions given to the Sanitary Officer dispatched with the Expeditionary Army to China. He was directed to accompany the officer appointed to select hospitals or quarters for troops, whether temporary or permanent, and examine into the sanitary condition of the buildings, their drainage, ventilation, water supply, and every point likely to affect the health of troops or welfare of the sick, and point out to the Quartermaster-General every defect requiring removal or remedy. When troops were landed to occupy towns he was to make a careful survey of the same, and prepare a plan for organizing a proper sanitary police to preserve cleanliness, remove nuisances, and for the execution of all measures necessary for the health of the troops. When a site for an encampment was about to be selected, he was to proceed with the Quartermaster-General to examine the locality, and advise as to its salubrity; when the grounds were selected he was to make such recommendations as he deemed necessary as to their proper preparation, the arrangement of tents, the number of men to occupy each, the maintenance of cleanliness, the supply of water, the position of latrines and slaughtering houses, the removal of refuse, the interment of the dead, drainage, etc. He was to keep himself constantly informed of the general condition of any occupied town, camp, or hospital, as to ventilation, cleanliness, surface drainage, and all local matters affecting the health of the force. He was to make a daily inspection of the whole camp or occupied portion of the town, giving early attention to the appearance of any disease likely to become prevalent, and examine as to the source of the same, whether it proceed from sanitary defects in cleansing, draining, nuisance, over crowding, bad ventilation, unwholesome water, dampness of site, marshy ground, or other local cause, as bad or deficient food, intemperance, unwholesome liquors, unripe fruit, defective clothing, want of proper shelter, fatigue, exposure to the vicissitudes of weather. When the army advanced, he was to collect information as to the medical topography of the district, with reference to selecting camping grounds. If the troops passed through a malarious district he was to indicate to the commanding officer the means of preventing attacks of disease on the march, and he was advised to have the troops served with some refreshment, as coffee, before marching, as also quinine wine, as a daily ration, during the months when fever and bowel complaints prevail. In operations by river the troops were to be served with tea or coffee before disembarking, and refreshments were to be given immediately on their return. In river expeditions he was to visit daily each vessel conveying troops, and inquire into their sanitary condition, the cleanliness, ventilation, use of deodorants and disinfectants, etc., and to require the daily inspection of the men in order to detect the earliest appearance of scurvy or zymotic diseases, especially cholera. He was to inquire into and examine regularly the nature of the supplies and provisions for the troops, whether the food was sufficiently varied in its constituents and amount, whether properly cooked, and to report all defects. The clothing was also in his charge, and was to be adapted to the variations of the climate; to guard against chills, he must prevent, as far as possible, the soldiers from sitting in huts and tents with the outer clothes off, or heedlessly open. To prevent scurvy, he must order the issue of rations of lime-juice and sugar three or four times a week.

Such was, in brief, the character of the sanitary inspection of the British army while serving in China. And what was the result? Those who have faith in the health-giving efficacy of the simple laws of hygiene, rigidly enforced, will be prepared to learn that the army in China passed through a most toilsome campaign, exposed to every hardship and variation of climate, and yet maintained a better degree of health than the average of the people of England in civil life. Had such thorough and systematic sanitary inspection been carried out in the Army of the Potomac, there can be no doubt that it would have triumphantly accomplished its purpose, and fulfilled the glorious prophecies of its friends. Well did LORD PALMERSTON remark, in alluding to the remarkable healthiness of the British army since sanitary inspection was instituted, "that nothing was more important than the preservation of the health of the army. Putting it on the lowest grounds, there was nothing so uneconomical and prodigal as carelessness on this point. But in reality it stood on higher ground, because if men were enlisted for the service of the country, the government was bound to take due care of their lives. No money could be better laid out than in guarding the health of the soldier from the influences to which it was subjected."

The war of the rebellion found the medical department of our army unequal to the exigencies. Under the pernicious system of promotion according to seniority, and no retirement of officers on account of age, the principal offices had become filled with men past the period allotted to human life. Its Chief was an octogenarian, and had long before sunk into dotage. The sudden enlargement of the army put the department to the severest test to attend to its simplest wants. Under these circumstances, sanitary inspection of camps, hospitals, etc., was not attempted, even if it was contemplated. This great, and as we have shown, all important work, was undertaken by the Sanitary Commission, for whose good offices the country cannot be too grateful. It is to this body that we are indebted for those reforms in the medical department which have placed at its head, and will hereafter secure in that position, an officer whose only claim is—QUALIFICATIONS.

And it is to the same body that we are indebted for the creation of the department of sanitary inspection, the importance of which to the strength and effectiveness of the army we have already demonstrated.

In the organization of this department, great pains were taken to render it free from all political influences, to place in the responsible positions thoroughly qualified men, and in general, to give it the highest possible character and efficiency. It provides a Medical Inspector-General, with the rank of a Colonel of Cavalry, and eight Medical Inspectors, each with the rank of a Lieutenant-Colonel of Cavalry. It directs that "the Medical Inspector General shall have, under the direction of the surgeon-general, the supervision of all that relates to the sanitary condition of the army, whether in transports, quarters, or camps, and of the hygiene, police, discipline, and efficiency of field and general hospitals, under such regulations as may hereafter be established." The eight Medical Inspectors are "charged with the duty of inspecting the sanitary condition of transports, quarters, and camps, of field and general hospitals, and shall report to the Medical Inspector General, under such regulations as may be hereafter established, all circumstances relating to the sanitary condition and wants of

troops and hospitals, and to the skill, efficiency, and good conduct of the officers and attendants connected with the medical department."

It will be seen that the scope of duties assigned to the Sanitary Inspectors is equally as great, under proper regulations, as that of the English, and that they have equal power to enforce their recommendations. We have alluded to the beneficent results which followed the thorough sanitary inspection of the British army, preserving it from an unusual mortality under the most unfavorable circumstances, and we cannot avoid the conclusion that equal, if not better fruits, would follow the enforcement of the same system in our armies.

The friends of the measure have waited with great patience, and watched with much solicitude, the organization of this branch of the medical service, and it is not to be denied that they have finally been doomed to disappointment. Carefully as the Act was worded to provide against the baneful influence of political partisanship, or favoritism, in the appointment of the corps of inspectors, not only was the spirit, but even the letter of the law violated, to accomplish such unworthy purposes. In the first place, the Act expressly directs that the "Medical Inspector General, and Medical Inspectors, shall immediately after the passage of this Act be appointed by the President." The Secretary of War, upon whom the responsibility rested of securing the prompt appointment of qualified men, in consultation with the Sanitary Commission promised immediate action, and yet the appointments were not made in two months after the passage of the Act. During this time there was the utmost need of the services of sanitary inspectors in every branch of the army. In the second place, the Act provides that these appointments shall be made "by selection from the medical corps of the army, or from surgeons in the volunteer service, without regard to their rank when so selected, but with sole regard to qualifications." In apparent anxiety to secure the best qualified men in the service for these positions, the Secretary requested and received from the Sanitary Commission, a list of names of the most competent medical officers in the regular and volunteer army, from which to select candidates. It will scarcely be deemed credible by those unfamiliar with the all-controlling power of political partisanship at the Capitol, that but very few of the names on that list were selected, while for the majority of the offices different Senators were invited to nominate candidates. Thus the majority of the Medical Inspectors were selected in utter and most shameful violation of the statute. But there was still hope that the Medical Inspector-General, upon whom devolved the most important duties of the department, would be selected with "sole regard to qualifications." The appointment was long delayed, though it should have been immediate, and there was a prevailing opinion in the profession that the selection would fall upon one of the most eminent and experienced members in the army. But what was the disappointment when a name was announced not familiar in medical circles!

Thus has been jeopardized the most important reform which this war has effected in any department of Government; a measure that was destined to save our army from that hopeless disintegration which preventable sickness causes, and give it physical effectiveness on the field.

We make these remarks in no spirit of unfriendliness

towards those gentlemen who now compose the Corps of Sanitary Inspectors. For all, we entertain the highest respect, and for several a warm personal friendship. But we may assure them that much is expected from their labors, and we trust that the future history of the Department of Medical Inspection will abundantly prove that, notwithstanding the improper and censurable method of selection, each individual was thoroughly qualified for his duties. Our only purpose is to protest against allowing such important nominations to be weighed only in the political scales. Had the law been sacredly regarded we should long since have had that thorough sanitary inspection of every branch of the army which would have saved it from decimation during the summer months.

THE WEEK.

THE Universal Society of Ophthalmology was formed in Paris in 1861, and is to hold its annual meetings in one of the eleven principal cities of Europe. The meeting for this year is to be held at Paris, on the 29th of September. The local committee have extended an invitation to the Medical profession of the United States through the following circular from Drs. MOTT and HOMBERGER:

TO THE MEDICAL PROFESSION OF THE UNITED STATES.—The object of the Universal Society of Ophthalmology is known to you, and we hope its foundation will mark the present year in the annals of Medical Science. We are fully satisfied that the Society will take, from its first meeting, the position which it has a right to ask among scientific bodies. We believe it is now the proper moment to solicit your help and sympathy.

We invite you to associate yourself with the Society, which will meet for the first time from the 30th of September to the 3d of October, 1862, in Paris.

Your desire to be enrolled on its list of membership is requested to be made known to one of the undersigned, who will forward it to the Central Committee.

The Committee of the City of New York:

VALENTINE MOTT, M.D., 1 Gramercy Park.

JULIUS HOMBERGER, M.D., 24 West 12th Street.
NEW YORK, May 20th, 1862.

We learn that PROF. HAMILTON, now Medical Director of the 4th Corps of the Army of the Potomac, is preparing a history of the War of the Rebellion, so far as it has passed under his personal observation. A work of this character from the pen of one whose opportunities for observation have been so great, and who is capable of embodying so much valuable information, will be looked for with interest.

IN another column will be found a well merited compliment to DR. JOHN M. CUYLER, U.S.A., late Medical Director at Fort Monroe, but now one of the Medical Inspectors of the Army. Every one who has been brought within the circle of his acquaintance, will heartily respond to the sentiments expressed in the letter of the Volunteer Surgeons from New York. DR. CUYLER deserves well of Government. As a citizen of a Southern State, at the commencement of the rebellion, every effort was made by promised rewards of high official position to gain his allegiance to the so-called Confederate Government. But he never swerved for a moment from his loyalty to the Government which he had so long and faithfully served, and as a consequence was deprived by the confiscation of his estates, of all his wealth, and compelled to rely again upon his individual energies for support. During the

occupation of the Peninsula by the Army of the Potomac, his labors were excessive. To provide for the vast number of the sick and wounded was a task which few could accomplish so well. He has now entered a new field of service in the West, and the good fruits of his experience in all that relates to camp and hospital hygiene will appear in his path. We can only wish for him health and happiness.

WE learn that for the new regulation providing two assistant-surgeons for each regiment the country is indebted to Gov. TOD, of Ohio, and DR. GUSTAV C. E. WEBER, Surgeon-General of the same State. It is an important change, which is destined to add much to the efficiency of the Medical Staff. Gov. TOD makes the following appeal to the profession in his proclamation:—

"To the medical profession, I must also make a special appeal. You have already won renown for your profession, by your prompt and gallant services in caring for our sick and wounded. Your good work, however, must be continued. Our gallant soldiers richly deserve the best medical talent of the State; and it is ardently hoped that Surgeons of the very first rank will continue to tender their services. To be eligible for regular positions in the army, it is indispensable, by order of the War Department, that recipients of commissions be examined and approved by the State Board of Examiners. By this it is not intended, however, that members of the regular profession, of long practice and high standing, shall submit to a school-boy examination. I desire only to know that they are worthy to be intrusted with the high responsibility of ministering to the gallant volunteers who may need their services."

It is stated that Government has taken possession of all the transports, and so far relieve the Sanitary Commission of a portion of its arduous duties. This is, we believe, in accordance with the wish of the Commission, and is the result of the expansion of the Medical Department.

Reviews.

PAIN AND ANÆSTHETICS: AN ESSAY, INTRODUCTORY TO A SERIES OF SURGICAL AND MEDICAL MONOGRAPHS. BY Valentine Mott, M.D. Prepared by request of the SANITARY COMMISSION. Washington, 1862—pp. 16.

THE Sanitary Commission have done a noble work in supplying to the Surgeons of the Army readable monographs on many of the more important questions in medicine and surgery. The Pamphlet before us is the introduction to the series. It is well that the first of these papers is on Anæsthetics, and that its author is DR. MOTT. If experience can settle any question in practical surgery, certainly the author of this monograph may speak with authority. Every American surgeon will peruse its pages with interest and profit.

DR. MOTT advances the following propositions:—1. To prevent pain is humane; 2. Pain is useless to the pained; 3. Pain is positively injurious to the pained. Passing from the discussion of these propositions, the author considers the various narcotics used to assuage pain, and finally the use of anæsthetics. It will interest the profession to learn that the author prefers chloroform to ether. The rules which he gives for the exhibition of anæsthetics are excellent, and cannot be too carefully heeded. He concludes as follows:

"For such reasons then as have been recounted, I desire to direct the attention of the Surgeons of the Army and Navy to the advantages which would accrue from a more extended use of anæsthetics in naval and military practice. I am satisfied

that if, in their operations, the pain were more generally prevented, many lives would be saved which are now lost from the shock to the nervous system, and that, in all severe cases, the prospect of recovery is better, and the subsequent inflammation is milder, when an anæsthetic has been used.

"To this conclusion I have not come hastily. Of so much import have I always regarded the prevention of the pain of operations, and so desirable, if it could be practically effected, that ten years before the introduction of anæsthetic vapor I listened patiently and attentively to the claims of animal magnetism to this power to produce insensibility; but found, and I may say with unalloyed regret, that when fairly brought to the test, its most ardent friends were compelled to admit its utter inefficiency, and even since the invention of anæsthetic inhalation, I have carefully tested the power of other agents, such as nitrous oxyde, to produce insensibility to pain, but still consider none of them deserving of mention when compared with chloroform or ether.

"In conclusion, perhaps I may say, that these observations and reflections have been made during the intervals taken from a business still pressing, at a time of life when most men desire repose. They are given to the cause of American nationality, and may claim to be at least an old surgeon's offering on the altar of his country. The flag of our Union, the glorious Stars and Stripes, has repeatedly protected me in foreign lands beneath its broad folds, and if what I have written here shall be in any measure successful in preventing the sufferings and prolonging the lives of that noble army who are now serving under my country's banner, I shall receive my reward."

Correspondence.

FOREIGN CORRESPONDENCE.

LETTER VIII.

THE INTERNATIONAL EXHIBITION.

By PROF. CHARLES A. LEE.

(Continued.)

LONDON, July 10, 1862.

My last letter was occupied with matters connected with the Great Exhibition. The present will be devoted to the same objects.

The immense display of surgical instruments from almost every country on the globe, except our own, including even Japan, cannot but attract the notice of medical men. My notice of them, however, must necessarily be very general and brief; but you will find excellent descriptions, with illustrations of all the most important instruments here exhibited, by Dr. Feaer, in the "London Medical Times and Gazette" to which I would invite your attention. Most of the instruments and appliances intended for the cure and relief of disease, are collected and arranged in one department, and form a class especially devoted to the purpose, and of course are readily examined and compared. There are about 130 cases of surgical instruments exhibited of all sorts; about one-fourth of them dental; and there is no end to the plasters, stretchers, artificial limbs and eyes, respirators, breast-pumps, magnetic apparatus, electro-chemical baths, stethoscopes, sphygmometers, ozonometers, philosophical and chemical apparatus, &c. A slight general survey will satisfy the observer that human ingenuity has been taxed to the utmost, and has actually supplied all the mechanical apparatus and instruments which can possibly be devised for the cure or alleviation of human ailments, and that nothing more remains for human invention to discover in this department hereafter. No man of philanthropic feelings, can view these immense collections without a sentiment of pride and gratitude, that so much science, skill, and ingenuity have been so successfully exerted in devising means for the relief of human suffering.

The improvements in the mechanical department of surgical science have been immense during the last quarter of a century, and even during the last ten years; and as much has been done to simplify instruments and render them

more practically useful, as in the invention of new ones. It is, however, very evident that many surgical instrument-makers lose sight of that important maxim, that simplicity, not complicity, is the object to be aimed at in their construction. The French, as it seems to me, have been especially regardless of this principle; while the English have always kept it more in view. It would perhaps be invidious to make a comparison between the French and British exhibitors, but I am free to say that the relative progress of the two nations, in this regard, during the last ten years, appears to me to be in favor of the English. The instruments of the latter have undergone a most marked improvement in regard to lightness, skilful adaptation to the end designed, elegance of finish, and ingenuity of construction. The recent improvements in orthopædic surgery are especially worthy of note, especially the appliances intended to counteract the paralysis of certain sets of muscles, as of the foot, forearm, and hand. I am tempted to pass over that unscientific, unphilosophical, and horribly cruel instrument, the *écraseur* and its various modifications, invented by Savigny nearly one hundred years ago, and long since fallen into disuse. It is to be regretted that, in this humane age, any surgeon of any country can be found, who will give any countenance to such a barbarous instrument, or that any manufacturer dare exhibit it among the legitimate appliances of scientific surgery.

The recent increased attention given to diseases of females has stimulated inventors to furnish a great variety of instruments intended for the relief of this class of diseases, such as pessaries, uterine sounds, hysterotomes, instruments for the treatment of uterine polypi, vesico-vaginal fistula, *intra* and *extra*-uterine and vaginal specula, &c.

Nor have diseases of the male genital organs received less attention, as shown by the great variety of catheters, dilators, scarifiers, lithotrites, urethrotomes, and even urethroscopes; by which we are able to see the interior surface of the human bladder, just as we can see the vocal cords and internal surface of the larynx, by means of the laryngoscope. Moreover, we are glad to see saws of lighter construction and more teeth; bone forceps of different curves and capable of more extended applications; new and improved trephines; and very ingenious appliances, intended to relieve congenital and other deficiencies of the hard and soft palate. In regard to chloroform inhalers, unfortunately rarely used in the United States, I must acknowledge myself wholly converted to the expediency of employing them whenever this powerful agent is administered. It is true I have administered it a great many times on a napkin without any fatal accident, but I shudder when I think of some of my cases, where resuscitation was effected with difficulty. I have seen much of chloroform inhalation since I have been in London, and no approach to danger where an inhaler was used; but in two cases where it was administered on a napkin, both the pulse and respiration were suspended for a considerable period. There are patent inhalers of Weiss, Snow, Clover, and other manufacturers, which regulate with the utmost exactness both the percentage of atmospheric air, and chloroform, which the patient inhales, so that there is not the slightest danger whatever of any accident from administering too large a quantity, if ordinary care be used. Four per cent. of chloroform is as large a proportion as it is safe to give. This exact quantity can always be secured by a properly constructed inhaler.

The cases of M. Charrière, the celebrated French instrument maker, will well repay an attentive examination. For originality and ingenuity of contrivance, I believe this manufacturer stands unrivalled. His urethrotomes, dilators, and lithotomes have a world-wide celebrity, and his specula of two, three and four valves, are as yet unsurpassed. I do not learn that his uteroscope has been of much practical service as yet, although favorably noticed, I believe, by the French Academy of Medicine; his modified tracheotomy tube is far superior to the one in ordinary use; and his new obstetric forceps, the blades of which can be

elongated, have some important advantages over those of the ordinary kind.

But it is impossible amidst such a lavish display to go into detail in regard to particular instruments; a few national characteristics, it may, perhaps, be well to notice. The French, it seems to me, excel in novelty, smoothness of finish, and temper of the steel; they have also a greater variety; while the English makers study practical utility more, and adaptation to objects in view. There is a profusion of gold and ivory about some of the English cases in the form of gilded blades and ivory handles, which are not in good taste, but rather meretricious ornaments, which, if they do not positively detract from, certainly add nothing to the value of the instruments. I regret that none of our American instrument-makers have entered the lists in this department, as I am satisfied, their ingenuity, skill, and workmanship, would not suffer by comparison with any of the competitors whose samples are now on exhibition here. In artificial limbs, for example, we can, unquestionably, bear away the palm from all competitors. We may not be able to show so great a variety as the French, as we study simplicity and practical utility more; but we can at least point to as successful results from our great operations, and those of a more delicate, though not dangerous kind, as those of the eye, for instance, as the French, English, or any other nation. It is doubtful whether mere mechanics can, at all, appreciate the possibilities of the simplest instruments in the hands of a skillful and scientific surgeon. Science and mechanics tend to opposite extremes and draw in opposite directions. The first aims to do away with all mechanical appliances whatever, or at least as far as practicable, and rely on the simplest means; the other resolves all skill and all success into some ingenious contrivance, which is almost automatic. This is well illustrated in the operation for lithotomy. A good anatomist will ask for no ingenious lithotomes, etc., to reach the bladder; but prefers a simple scalpel to all the contrivances of a Charrière, a Lue, or a Weiss, and so in other cases. Look also at the strange and bungling contrivances for compressing arteries in cases of wounds, amputation, or the treatment of aneurism, known as tourniquets! How inferior most of them to the thumb of an assistant!

I had intended to speak of a trocar invented by Mr. Spencer Wells for the evacuation of the contents of an ovarian cyst, consisting of a steel tube sliding inside a canula of silver or other metal. I have seen this gentleman use it in a case of ovariectomy, but the fluid was too thick and gelatinous to flow through it; where the contents are quite fluid, I have no doubt it would answer a useful purpose.

Army Medical Intelligence.

DR. JOHN M. CUYLER, U.S.A., MEDICAL DIRECTOR,
FORTRESS MONROE.

STATE OF NEW YORK,
SURGEON GENERAL'S OFFICE,
ALBANY, July 21, 1862.

SIR:—In transmitting through you to the honorable Secretary of War the inclosed communication, I perform the most agreeable duty which has thus far devolved upon me. You who are so thoroughly conversant with the qualities of mind and heart which characterize Dr. Cuyler, will see in this but a merited compliment to a true and noble man. You will find among the signatures the best names of New York, and it would be difficult to find on this side of the Atlantic, or on the other either, a jury of medical men whose verdict is entitled to more weight. To the above expression I beg to add, from personal observation, my cordial affirmation. I have the honor to remain

Your obt. servt.,

S. OAKLEY VANDERPOEL,
Surgeon-General N. Y.

Brig.-General WILLIAM A. HAMMOND, Surgeon-General U. S. Army.

Hon. E. M. Stanton, Secretary of War:

New York, July 18, 1862.

The undersigned corps of Volunteer Surgeons of the State of New York trust that their addressing you may not be considered an act of supererogation; for, although fully aware that it is not distinctly within the limits of their prescribed duties, they feel that they are discharging a moral obligation in putting on record in the department their high appreciation of the distinguished services which Dr. Cuyler, the Medical Director of Fort Monroe, rendered daily and hourly, with untiring energy, to the multitude of sick and wounded in the department.

From our personal observation we feel pleasure in saying that we have rarely met with so happy a combination of thorough administrative talent with the highest order of personal skill and experience, and that genuine and true gentleness of heart—by the one benefiting those under his care to the full limit of professional skill, and by the latter shedding comfort and gladness, even where the sufferer is beyond reach of the first.

In thus briefly stating the result of our personal observation, we beg to say that we are not prompted to do so by the contemplated change in the Medical Staff of the army; for while, on the one hand, we do not intend to intrude, we feel, on the other hand, confident that government would not overlook the valuable services of so faithful a servant. We beg simply to be permitted, as we said before, to put on record our appreciation of so high an order of merit, and in doing so we trust it is unnecessary to state that our thus addressing you, sir, is not only unsolicited by but entirely unknown to Dr. Cuyler.

ALFRED C. POST, M.D., STEPHEN SMITH, M.D., ERNEST KRACKOWIZER, M.D., GEORGE COCHRANE, M.D., DANIEL AYRES, M.D., DANIEL E. KISSAM, M.D., C. OLCOTT, M.D., JAMES R. WOOD, M.D., WILLIAM DETMOLD, M.D., GURDON BUCK, M.D., WILLARD PARKER, M.D., T. M. MARKOE, M.D., CHARLES D. SMITH, M.D., J. J. CRANE, M.D., JOHN O. STONE, M.D., GEORGE A. PETERS, M.D.

ASST.-SURGEON B. HOWARD, U.S.A., late Medical Purveyor Army of the Ohio, has been ordered to report for duty to Major-General McClellan, the Medical Purveyor Department of the Army of the Ohio having been transferred from Louisville to Cincinnati.

Medical News.

HEALTH ASSURANCE—DUTY OF PHYSICIANS.—Not only is it poetically true that

"All men think all men mortal but themselves,"

but it is equally the fact that the only inquisitiveness expressed by the survivors, in nine cases out of ten, is as to the pecuniary state in which their deceased acquaintances leave their wives and families. By the loss of that once familiar face from their boards are the widow and children who remain to be plunged into poverty as well as into sorrow, or are they to have control over riches they have never known before? Perhaps neither, but left with just such scanty allowance of this world's goods as may permit them, with some struggling, to maintain a position but little different from that in which they have hitherto moved. If it have happened that during the time a man has been able to work and receive profit, he has been able, after paying the expenses of his present maintenance, to provide for that terrible contingency, loss of life or health, by hoarding up a store for future necessities, he may be said to have "provided for his family," and satisfactorily to have responded to the inquisitiveness of his friends. But if he have not; if he and his household have lived "from hand to mouth," he will have given another opportunity for us to hear the well known expression, "Ah! we thought how it would be; he has left his family quite des-

stitute!" And how few men are really able to lay by anything from their daily wages or annual income! Or it often happens that such as could do so, would not, and those who would, could not. Or, again, that the little hoard which can be scraped together is but a widow's mite after all. Is there any way of guarding against the terrible calamity of a man, who has been living in competency, dying and leaving his family beggars? He has been hard-working, honest, and has held a respectable position, but it was impossible to *save*. He might, perhaps, have put by from five to twenty pounds a year, but what would that have been? Now the only way in which the too frequent and unfortunate result alluded to can be guarded against or provided for, is through *life insurance*. If a man cannot annually withdraw from his profits for investment such a sum as may insure a future subsistence for his family, he must pay an annual premium to a life office, which will secure to his estate a certain sum when he shall die. From what we have said, it is evident that it is in this way the majority of men must seek a future provision for their dependants—a provision which of course will differ in value according to the sum which can be annually spared to place in so profitable an investment. If a man be wise, however, he will seek to diminish the sum in question only by beginning to insure his life as early in his career as possible.—*Lancet*.

DEATH OF DR. SANBORN.—THE MIDDLESEX NORTH DIST. MED. SOCIETY.—The following preamble and resolutions were unanimously adopted at a late meeting of the Society:—

Whereas, It has pleased God, in his infinite wisdom, to remove from the scene of his earthly labors, our friend and brother, EBEN K. SANBORN, M.D., late of Rutland, Vt., formerly Surgeon of the 1st Volunteer Regiment of that State, but more recently, by the appointment of Governor Andrew, Surgeon of the 31st Volunteer Regiment of Massachusetts;

And, *Whereas*, he left a wide and extending practice to engage in the service of his country, in this dark hour of that country's need, it becomes eminently fitting and proper, that here, where his earlier years were passed, and his professional life, so full of promise and hope, commenced, some public recognition should be made by us, his surviving brethren, of his talents, his ripe attainments, and his moral worth;

Therefore, *Resolved*, 1st, That in the death of Dr. SANBORN, the medical profession has lost one of its young, but most promising members; one who pursued his chosen department of labor, with a zeal, an avidity, and an intelligence, that could not fail to elevate him to an enviable position among the distinguished surgeons of our times. That the country has been deprived, in one of the most important branches of her service, of one eminently fitted by his tastes and his surgical acquirements for the high position he was called to fill.

Resolved, 2d, That Dr. SANBORN has left to his compeers a bright example of what may be accomplished by patient study and investigation, and untiring ardor in the pursuit of knowledge.

Resolved, 3d, That we deeply sympathize with the bereaved family of the deceased in this most afflictive Providence.

Resolved, 4th, That this preamble and these resolutions be entered on the records of the Middlesex North District Medical Society, and that a copy of the same be forwarded to the Boston Medical and Surgical Journal for publication.

MEDICAL COLLEGE OF OHIO.—This institution held an extra summer session, running through March, April, May, and June, and at the close of the term admitted the following gentlemen to the degree of Doctor in Medicine: D. D. Bramble, J. H. Clarkson, J. S. Ely, N. S. Hill, Robert Johnson, H. B. Lung, J. A. Lair, H. P. Kay, J. O. Marsh, C. D. Palmer, James A. Robinson, A. J. Rosa, G.

W. Sayers, George E. Smith, Charles O. Wright, W. O. Walker, H. C. Waterman, J. L. Wylie, J. H. Wallace. We understand the class in attendance during the session was respectable in numbers. The valedictory to the graduates was by Prof. Blackman.—*Lancet & Observer*.

U. S. ARMY HOSPITALS IN PHILADELPHIA.—The following is a list of the military hospitals in Philadelphia, with their location, and the name of the surgeon in charge; Broad Street, Dr. John Neill, corner Broad and Cherry Streets; Buttonwood Street, Dr. A. C. Bournonville, corner Fifth and Buttonwood Streets; Christian Street, Dr. J. Reese, Christian Street above Tenth; Episcopal, Dr. R. P. Thomas, Kensington; House of Industry, Dr. Picot, Catharine Street, near Eighth; Master Street, Dr. P. B. Goddard, Sixth and Master Streets; Mechanics' Hall, Dr. G. C. Harlan; Fourth and George Streets; Pennsylvania, Dr. C. C. Lee, Eighth and Pine Streets; South Street, Dr. Jos. Hopkinson, Twenty-fourth and South Streets; St. Joseph's, Dr. W. H. Smith, Seventeenth and Girard Avenue; Summit House, Dr. Winthrop Sargent, West Philadelphia; Wood Street, Dr. C. W. Horner, Twenty-second and Wood Streets; West Philadelphia, Dr. J. J. Hayes, West Philadelphia.

In addition to the above, the following hospitals are being fitted up, and will be soon ready for occupancy: The German Hospital on Turner's Lane, calculated to hold 400 patients; the State Arsenal, at Filbert and Sixteenth Streets, which will hold 300 beds; the Hestonville Railroad Depot, West Philadelphia, with 120 beds; the Town Hall at Germantown, with 200 beds; and the Seminary Building of Mr. Crozier, at Chester, capable of holding 800 patients.—*Med. News*.

THE annual meeting of the Schoharie Co. Medical Society, N. Y., met pursuant to call, at Schoharie C. H., on Tuesday, May 20, 1862. Dr. William Lamont, President, called the meeting to order. The following named individuals were received as members of this Society, viz. Charles Dickinson, M.D., Seward Valley; C. W. Havens, M.D., Summit; and N. Fanning, Jr., M.D., of Gilboa. The Society then listened to the address of the President. Subject: *Diphtheria*. A vote of thanks was given the President for his very able address, and a copy solicited for publication, which was granted, and Drs. John Pindar, Wm. Lamont, and G. M. Teeple, were appointed a committee for publication. Officers for the ensuing year: President, V. Danforth, M.D., Middleburgh. Vice-President, S. M. Van Alstyne, M.D., Richmondville. Secretary, John I. Swart, M.D., Schoharie C. H. Treasurer, John Pindar, M.D., Schoharie C. H. Censors, P. S. Swart, M.D., John Roland, M.D., S. B. Wells, M.D., P. P. Werner, M.D., C. C. Van Dyck, M.D. Delegate to State Medical Society, John Pindar, M.D. A report of cases in medical practice from several members, together with a general exchange of views of the cause, results, and treatment of *Diphtheria*, produced a most happy and harmonizing result. The Society adjourned to meet on Tuesday, during the term of the Circuit Court, in May, 1863.

We are glad to notice the return of Dr. Swinburne, of Albany, N.Y., from Richmond. Dr. S. was a volunteer surgeon, and at the time of the retreat of the army to James river, was in charge of the hospital at Savage's Station! He nobly remained with the wounded, and only returned home when they were released. What rank shall be given to Dr. Swinburne as an acknowledgment of his heroism? Only that of a volunteer surgeon.

DR. ARMSBY, late United States Consul at Naples, returned with his family by the Arabia. He resumes his profession in Albany, and continues his connexion with the College and Hospital.

GEORGE V. Winslow, of Massachusetts, and James Kinrier, of New York, have been appointed naval Acting Assistant Surgeons, and ordered to report to Captain Wilkes.

DEATHS.

STEWINS.—Dwight D. STEWINS, M.D., taken sick in the camp of the 10th Michigan Regiment at Big Spring, seven or eight miles below Corinth, of typhoid fever. In attempting to remove him home, he died on the steambost David Tatum, at the wharf of Cairo, Ill., at 12 p.m., July 18, 1862. Dr. STEWINS was a graduate of the College of Physicians and Surgeons, New York, in the class of 1859.

MILNOR.—At Savage's Station, Va., on Friday, July 25, WILLIAM H. MILNOR, M.D., son of the late Rev. Dr. James Milnor, of this city, while serving as surgeon with the Twenty-second Massachusetts Volunteers. Dr. MILNOR graduated at the College of Physicians and Surgeons in 1834, having been an office student of Dr. A. H. Stevens. He soon relinquished the active duties of professional life, and established himself in the drug-business, in which he continued until within a short period before entering the army. He died in the service of his country.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 4th day of August to the 11th day of August, 1862.

Deaths.—Men, 79; women, 91; boys, 213; girls, 185—total, 568. Adults, 170; children, 398; males, 292; females, 276; colored, 6. Infants under two years of age, 226. Children reported of native parents, 23; foreign, 330.

Among the causes of death we notice:—Apoplexy, 5; infantile convulsions, 42; croup, 8; diphtheria, 12; scarlet fever, 7; typhus and typhoid fevers, 13; consumption, 59; small-pox, 1; measles, 3; dropsy of head, 17; infantile marasmus, 28; cholera infantum, 196; inflammation of brain, 14; of bowels, 11; of lungs, 13; bronchitis, 3; congestion of brain, 5; of lungs, 5; erysipelas, 1; diarrhoea and dysentery, 38. 333 deaths occurred from acute disease, and 42 from violent causes. 423 were native, and 145 foreign; of whom 83 came from Ireland; 43 died in the City Charities; of whom 13 were in the Bellevue Hospital, and 4 died in the Emigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Aug. 1862	Barometer.		Temperature.			Difference of dry and wet bulb, Therm.		Wind.	Amount of cloud.		Humidity Sat'n, 1000
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.		Mean.	Max.	
	In.	In.	"	"	"	"	"		"	"	
2d.	30.03	.04	78	71	85	9	18	SW to SE.	8.5	610	
4th.	30.04	.03	79	71	86	4	7	NE to S.W.	2	790	
5th.	30.00	.04	81	74	87	5	7	SW to SE.	1	780	
6th.	30.00	.07	80	72	86	10	16	N.	1.5	580	
7th.	30.15	.17	77	71	81	10	16	N. to S.	8	570	
8th.	29.94	.20	87	75	95	9	14	W. to S.	2	660	
9th.	29.74	.21	88	80	96	10	15	S.W.	3	654	

REMARKS.—3rd. Sultry A.M. wind changed at noon, cooler, cloudy late P.M. 4th. Very sultry; showery A.M. and P.M. aurora at night. 5th. Sultry; fog A.M. hard thunder storm with much vivid lightning from 7½ to 9 P.M. 6th. Sultry, and clear. 7th. Hazy at midday. 8th. Very sultry after 10 A.M. variable sky P.M. 9th. Very sultry; tempest at 6 P.M. with light shower, variable evening. Sultriest week of the year. Rain for the week three quarters of an inch.

For Sale. A Splendid Case of Operating Instruments (including Amputating, Ophthalmic, Lithotomy, &c., &c.). Have never been used, and are in every respect as good as new. Manufactured by Tiemann & Co., New York. Cost \$95, will be sold for \$50.—Address, (or call before 10 A.M., or between 5 and 7 P.M.) Dr. C. M. S., 478 Grand street, Williamsburgh, N. Y.

John W. Shedden, Apothecary,
363 Bowery, cor. 4th St.

Squibb's, Allen's, Tilden's, Herring's, and other fine preparations always on hand; also Pure Chloroform and Oxalate of Cerium prepared for us by Duncan Flockhart & Co., Edinburgh.

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\$2,350,000. Documents showing the benefits of Life Insurance with the advantages of the Mutual plan, and the superior position and marked success of this Co., and explaining the different kinds of Policies with their methods of payment, may be obtained free of expense, upon application, either personally or by mail, to JOHN HOPPER, Agent and Attorney for the Co., Metropolitan Bank Building, 110 Broadway, New York. **Parties at a distance may insure from Blanks, which will be forwarded free of expense.**

To the Medical Profession.—Dr. I.
Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

Wm. H. Davol, M.D., late Physician
to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.
References.—C. I. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker, M.D., of New York.

New York Medical College and CHARITY HOSPITAL. No. 90 East Thirteenth Street, near Fourth Avenue.

The next Annual Course of Lectures will commence on Monday, October 29, 1862, and will terminate in the early part of March, 1863.

FACULTY.

HORACE GREEN, M.D., LL.D., Emeritus Professor of Theory and Practice of Medicine.
JOHN M. CARNOCHAN, M.D., Professor of Clinical and Operative Surgery.
B. I. RAPHAEL, M.D., Professor of the Principles and Practice of Surgery.
CHARLES A. BUDD, M.D., Professor of the Theory and Practice of Midwifery.
A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
E. NOEGGERATH, M.D., Professor of Clinical Midwifery and Diseases of Women.
J. V. C. SMITH, M.D., Professor of Anatomy.
WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.
SAMUEL R. PERCY, M.D., Professor of Materia Medica and Therapeutics.
HENRY G. COX, M.D., Professor of Theory and Practice and Clinical Medicine.
CHARLES A. SEELY, Professor of Chemistry and Toxicology.
HON. JOHN H. ANTHON, A.M., Professor of Medical Jurisprudence.
Professor of Physiology of Microscopic Anatomy *
JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.
GEORGE WOOD JEWETT, M.D., Assistant to the Professor of Midwifery.
WM. BALSER, M.D., Assistant to the Professor of Infantile Pathology.
F. S. SNEADE, Janitor.

A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows:—

On Amputations, by.....PROF. CARNOCHAN.
" Gunshot Wounds, by.....PROF. RAPHAEL.
" Pregnancy, by.....PROF. BUDD.
" Anatomy and Physiology of the New Born, by.....PROF. JACOBI.
" Bandaging, by.....PROF. HOLCOMB.
" Anatomy of the Regions, by.....PROF. SMITH.

Material for dissection is abundant, and furnished to students at a mere nominal price.
Daily Clinics are held at the College.

Further information as to Lectures, Terms, etc., may be obtained by addressing

PROF. B. I. RAPHAEL, M.D.,
Dean of the Faculty, 91 Ninth Street.

* Prof. Browne having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.



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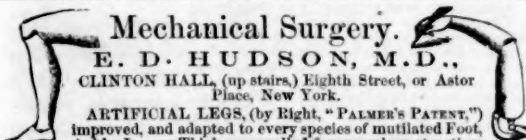
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